

Government of the District of Columbia  
Department of Mental Health  
Saint Elizabeths Hospital

# **Environmental Survey Report**

## **2<sup>nd</sup> Quarter 2008**

**Performance Improvement Department**

## **ACKNOWLEDGEMENTS**

The Performance Improvement Department acknowledges the cooperation of leadership and senior management throughout Saint Elizabeths Hospital and the Mental Health Authority in allowing their staff and volunteers to participate in this survey, staff and patients who took time to speak with the survey teams, answer questions, and provide information, and, above all, every team surveyor who participated in this hospital project.

Above all, a debt of thanks is owed to the following people who attended the Environmental Survey Orientation Training and subsequently served as surveyors for this cycle:

Daisy Brandon  
Nicholas Geleta  
Darrell Green  
Mikschal Johanison  
Jonathan Brooks  
Frederick Warrick  
Sheila Kelly-Long  
Gwendolyn Williams  
Marcus Berry  
Deon Merene  
Amelia Peterson-Kosecki  
Gillian Richardson  
Frances Wade  
Shira Keyes  
Regina Ogweubu  
Amma Pokuaah  
Carolyn Bridges

Linda Logan provided departmental clerical support for this survey.

The survey report, analysis, and supplemental graphics were developed and written by the Environmental Survey Coordinator, Jana C. Taylor, LICSW, CPHQ.

## **TABLE OF CONTENTS**

<b>1. Acknowledgements.....</b>	<b>3</b>
<b>2. Introduction.....</b>	<b>4</b>
<b>3. Quick View of the Findings.....</b>	<b>5</b>
<b>Figure 1...Overall hospital ratings by percentage</b>	
<b>Figure 2...Program ratings by percentage</b>	
<b>Figure 3...Category ratings by percentage</b>	
<b>4. Key Findings and Recommendations .....</b>	<b>10</b>
<b>5. Survey Findings by Category and Ratings .....</b>	<b>12</b>
<b>Appendix A—Hospital-wide Ratings by Unit.....</b>	<b>29</b>
<b>Appendix B—Identified Problem Areas by Unit.....</b>	<b>30</b>
<b>Appendix C—Hospital-wide Findings.....</b>	<b>42</b>

## 1. INTRODUCTION

The Saint Elizabeths Hospital Environmental Self-Assessment Survey is conducted to assess the status of hospital patient care facilities and related processes. The components of the survey have been designed to help the hospital staff identify and correct problems and, ultimately, to improve the quality of the environment in which patient care and treatment occurs.

The development of the environmental survey continues to be a dynamic process. In 2006, managers and program directors convened a series of meetings to develop a survey process and instrument that could be used throughout the hospital by non-specialists to assess the patient care environment. The first environmental survey report was published in 2006. Since that initial survey, both the survey tool and process continue to be refined, as we are working to maximize a tool and process that will yield actionable findings. Objectivity was enhanced by using surveyors who are not directly responsible for implementing identified corrective actions, and expanding the range of surveyors so that the survey teams do not exclusively consist of current hospital employees. While this evolutionary process continues to move us to a better survey with more relevant results, it also means that survey results cannot yet be compared from survey to survey, as both the instrument and the measurement process continue to be modified.

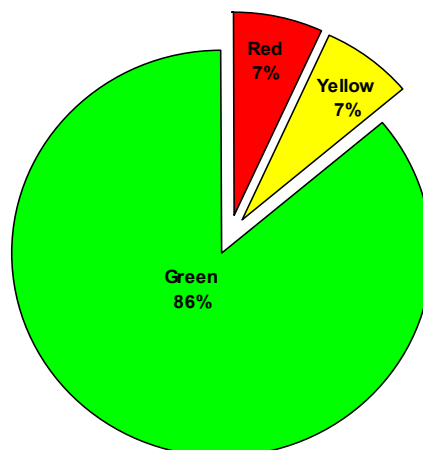
Surveyors included SEH employees, non-hospital DMH employees, mental health consumer employees, family members of consumers, and advocates (who were solicited and subsidized through the DMH Office of Consumer and Family Affairs). Operating in three-person teams (comprised of one SEH employee, one non-hospital DMH employee, and one consumer volunteer) the surveyors reviewed and rated the unit environment provided to staff and patients. Each team was provided with the same instrument, which included 111 standards divided among 15 categories. Using a three part scale, survey teams were asked whether they “agreed” with the statement about the standard, “somewhat disagreed” or “strongly disagreed”. The teams observed and assessed whether hospital units provided a safe and effective treatment environment. The ratings were derived, by consensus, through team observation, discussion, and interviews with staff and patients.

This report is based on information obtained from the survey. Utilizing a “traffic light” scoring system to rate the findings for each of the fifteen survey categories, the report identifies “red zone[or 1, or for ratings between 1.0 and 1.9]” for problematic findings, “yellow zone [or 2, or for ratings between 2.0 and 2.9]” for mixed results that require attention, and “green zone [or 3]” for acceptable findings. Unacceptable standards have been scored as 1’s and 2’s; only if a unit scored a 3 was it considered acceptable. The specific findings by category, standard and ward are included in the appendices.

Before turning to the analysis of each category of standards, it should be noted that one unit in the Hospital, JHP 10, received the highest rating in all standards and categories. This should provide encouragement to other units that it is possible to provide a safe and welcoming environment for patients and staff alike.

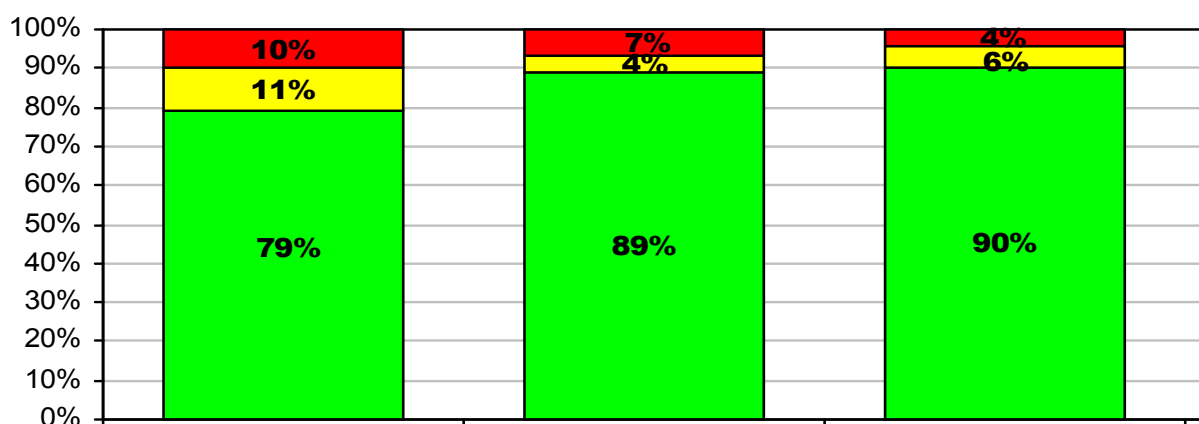
## 2. QUICK VIEW OF THE FINDINGS

Figure 1--Overall hospital ratings by percentage



**Figure 1** depicts the overall hospital ratings by percentage. Acceptable ratings comprised 86% of the standards across all units. Unacceptable ratings comprised 14% of the total, equally distributed among red and yellow zones.

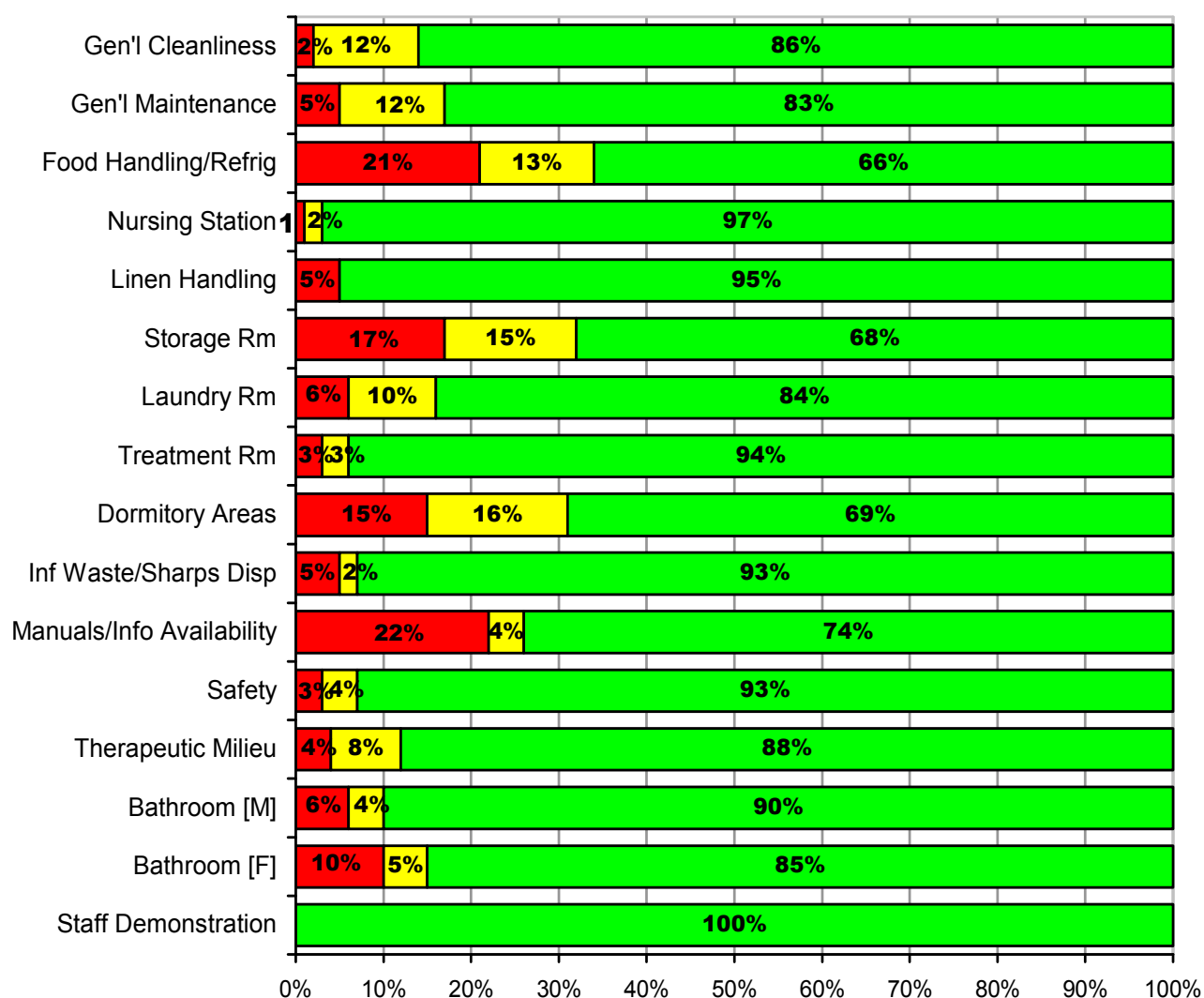
Figure 2--Programs by percentage



**Figure 2** depicts the percentage of ratings achieved by program area<sup>2</sup>. In Civil Service residential units, 79% of the standards, across all units, were rated as acceptable, and 21% were rated as unacceptable (11% rated in the yellow zone, and 10% rated in the red zone). In the Treatment Mall, where not all standards were applicable, 89% of the applicable standards across all units were rated acceptable, 4% were rated in the yellow zone, and 7% were rated in the red zone. In Forensic Programs, 90% were rated acceptable, 6% were rated in the yellow zone, and 4% were rated in the red zone.

<sup>2</sup> Civil Programs—Units RMB-1, RMB-2, RMB-3, RMB-4, RMB-5, RMB-6, RMB-7, RMB-8, CT 2-A, CT 2-B, CT 2-C  
 Forensic Programs—Units JHP 2, JHP 3, JHP 4, JHP 6, JHP 7, JHP 8, JHP 9, JHP 10, JHP 11, JHP 12  
 Treatment Mall—Units CT 7A, CT 7C, CT 8A, CT 8B, CT 8C, CT 8D.

Figure 3--Category ratings by percentage



**Figure 3** compares the hospital-wide average for each of the each of the fifteen surveyed categories. Only one category, **Staff Demonstration**, received a 100% acceptable rating across all units and for all criteria. Other categories that received high percentage of acceptable ratings included **Nursing Station** (97%), **Linen Handling** (95%), **Treatment Room** (94%), **Infectious/Waste and Sharps Disposal** (93%), **Safety** (93%), and **Bathroom—Male** (90%).

Categories that received the highest percentages of ratings in the yellow zone included **Dormitory Areas** (16%) and **Storage Room** (15%). Categories that received the highest percentages of red zone findings include **Manuals and Information Availability** (22%), **Food Handling and Refrigerator Monitoring** (21%); **Storage Room** (17%), and **Dormitory Areas** (15%).

### **3. KEY SURVEY FINDINGS and RECOMMENDATIONS**

The primary purpose of the Environmental Self-Assessment Survey is to identify areas in the hospital units that fall short of acceptability standards. This process allows hospital staff to correct these problem areas and to maintain the corrections through the next survey cycle. This survey is a “point in time” study—the specific focus is what the surveyor observes during the time of the survey. As such, this report is not generally intended to be a comparative study of one unit versus another unit, except in situations where such comparisons are pertinent.

Survey teams reviewed hospital adherence to 111 standards that addressed safety, infection control, maintenance, and environments of care issues. Survey team results reflect:

- No reports of any imminently dangerous or life-threatening problems or conditions.
- “Green zone” findings comprised 86% of the total findings.<sup>1</sup>
- “Yellow zone” findings comprised 7% of the total findings.
- “Red zone” findings comprised 7% of the total findings.

**Staff Demonstration**, a new category which requires staff to know where different emergency equipment is located, received acceptable ratings across all standards and on all wards, the only category to receive such a rating. Also receiving high ratings was the category **Nursing Station**, which evaluates the condition of the nursing station, mostly around infection control issues, although there are isolated yellow and red ratings on a few units and for a few standards.

In all other areas, however, there were multiple yellow and red findings in various standards and on various units, with the following categories most in need of improvement.

- **Food Handling and Refrigerator Monitoring**—Discussion with unit staff and observation indicated that there was no consistent hospital-wide practice of cleaning the nutrition refrigerator, labeling the nutrition refrigerator as an alert mechanism, consistently labeling or dating food in the refrigerator, nor ensuring that labeled food stored in the refrigerator was current (for example, on one unit, the surveyor observed, on 3-27-08, several unopened milk cartons with “pull dates” of 3-14-08).

---

<sup>1</sup> The “green zone” findings may be somewhat inflated. The instrument used in this survey was modified from last survey to reduce the ratings scale from 5 choices to 3. This was done because of the high number of “neither agree nor disagree” ratings that were reflected in the last survey. Unfortunately, the 3 point rating scale may not have accurately captured the degree to which a survey team may have agreed with the standard; where a survey team were concerned about compliance with a standard, they were given two choices (somewhat disagree or strongly disagree), whereas if they agreed with the standard, the only choice was only agree. This means we are unable to determine how many, if any, of the “agree” ratings were marginal or strongly held. In addition, this survey weighs all ratings the same, even though a rating of “strongly disagreed” should probably be given more weight than a rating of “somewhat disagreed”. This will be reviewed before the next survey.

- **Manuals and Information Availability**—Availability of Infection Control information bulletin boards and the Material Safety Data Sheet (MSDS) binders were the most frequently identified problems.

Infection Control information was not consistently placed in any particular location. Additionally, where it could be found, patient-focused information was not necessarily separated from employee-focused information.

The MSD Sheets were sometimes located in the Housekeeping closets (despite the fact that non-housekeeping staff frequently use the same chemicals), but an inability to locate the information anywhere on the units proved to be the norm.

Other red and yellow zone “clusters” included the following area:

- **General Unit Cleanliness**—The cleanliness of furnishings and walls were noted to be an issue on several units on the civil side of the Hospital, but were not an issue on any forensic units. In several examples, chair fabrics appeared stained and uninviting. On one unit, one patient extensively scribbles and defaces the walls with crayons; then repeats the process almost as soon as the housekeepers clean the walls.
- **General Unit Maintenance**—Repair of walls and wall paint on RMB 5, 6, 7 and 8 were rated in the red zone (this has been resolved since the date of the survey); flooring was rated as in need of repair on these same units.
- **Storage Room**—Supplies were inappropriately stored and labeled
- **Dormitory Areas**—A number of issues were identified, including improper labeling of patients’ names, mattresses without sheets, pillows, and blankets , and inadequate availability of hampers.
- **Safety**—Two areas of concern were noted: On two units, no fire evacuation map was posted. On a number of other units, staff identification was not observed—either staff were not wearing their identification badges, or nearby but not on, or employees had their badges on, but turned backwards, tucked into a pocket, or attached to a belt under a sweater or jacket.
- **Therapeutic Milieu**—Two areas of concern were noted: Clocks did not display the same, correct time throughout the unit, and the unit temperature was an issue on four units. Some surveyors also noted the lack of reading and other entertainment materials on the unit.
- **Bathrooms (Male and Female)**—Stocking the bathrooms with toilet tissue and paper towels is a continuing issue, due to the staff concern (real or presumptive) that patients will use them to block the toilets. However, this practice forces the patient to ask the staff for supplies each time someone has to use the restroom, and potentially poses a threat to the patient’s dignity. This needs to be addressed by managers.



Problems were observed during this survey that had been observed and reported in the previous survey. When questioned about follow-up to resolve the problems, staff frequently indicated their perception that the survey teams are responsible for resolving environmental problems on the unit—and that once a problem was reported to the survey team, the unit-based responsibility was discharged. There is a clear need to embed the environmental survey process into existing organizational structures for oversight, monitoring, and reporting to ensure that problems identified in the survey are addressed.

Finally, it is important that readers recognize the limitations in using the survey results. The overall average score may present a misleading impression that is out-of-sync with observations. For example, for one unit, the overall average rating across all categories and standards was a relatively high average of 2.6 out of 3, but the areas of deficiency were in such critical standards that surveyors described the ambience on the unit as “oppressive”—there were no magazines, wall art, reading materials, and no purposeful activities scheduled or taking place. Surveyors commented that the patients were not engaged in productive activities, spending much time sitting or sleeping in the day room. On this ward, patients were required to ask for toilet paper and paper towels from nursing staff before heading to the bathroom. These impressions contrasted significantly to those of another unit (rated 2.9, just slightly better than the previously described unit) in which a patient excitedly, and in great detail, described the project in which he was engaged, its value to the community, and why he enjoyed the project. On a third unit (rated 2.9), patients were waiting to be called for lunch. They (the patients) asked about the survey and questioned what the survey team had found on the unit. The staff was busily engrossed in cutting out decorations for the dayroom walls. The atmosphere was pleasant, inviting, and the environment was described as “uplifting”. What these examples reflect is that the average score may not be an indicative of the environment as are the specific areas in which deficiencies are noted. Therefore, a review by each unit of the ratings across all standards is critical.

Based upon the survey results, the following recommendations are offered:

1. On an organizational level, problems identified from the survey and abatement activities should be incorporated into existing performance oversight and monitoring processes:
  - a. Report findings should be disseminated to the Executive Staff Committee, Risk Management and Safety Committee, Performance Improvement Committees, and to the Senior Staff to review the findings and to develop plans to address those areas in which deficiencies were noted.
  - b. Results and status of the abatement activities should be reported to, and monitored by, the SEH Performance Improvement Committee, through the Safety Officer, using the current reporting processes of the Risk Management and Safety Committee.
  - c. Following each quarterly survey, an “Advance Report”, consisting of the survey findings by unit—without analysis—should be submitted to the Risk Management and Safety Committee, and to the managers with abatement responsibilities (such as Nursing, Housekeeping, Facilities and Engineering, etc.) to expedite the development and implementation of corrections during the time that the survey report is being written.

- d. Each manager with abatement responsibilities should, on a monthly basis, review and analyze report findings, develop abatement strategies, and report the results of those strategies to the Safety Officer.
  - e. The Safety Officer should aggregate the findings and develop a monthly report for submission to the Chair, Risk Management and Safety Committee, using existing committee reporting structures.
  - f. The Infection Control Coordinator should review data findings for infection control indicators, develop a process to monitor and report the status of the indicators, on a monthly basis using existing reporting structures, to the Infection Control Committee and to the Risk Management and Safety Committee.
  - g. The Office of Monitoring Systems should analyze Trouble Desk Report data for inclusion in the monthly SEH Tracking Report. A secondary analysis should report the aggregated findings on a quarterly basis for inclusion in future quarterly Environmental Self-Assessment Survey Reports.
2. On a unit-based level, staff (across all levels) should be accountable for the unit environment:
- a. On each unit, a group of staff should be identified to conduct a weekly walk-through to identify problem areas, and monitor corrections to problems identified in this survey.
  - b. The civil services and forensic services administrative officers should meet regularly with managers who are responsible for the various categories (Housekeeping, Nursing, Maintenance, Facilities and Engineering, etc.) to determine how and when the identified issues will be corrected.
  - c. Outcome reports of these meetings should be submitted to the Safety Officer, specifying projected completion dates. The Safety Officer should aggregate the report data and forward them to the Chair, Risk Management and Safety Committee on a monthly basis.
  - d. Facilities Management and Logistics Support (Housekeeping and Materials Management) should immediately review the following issues and make required adjustments:
    - 1). The peeling paint throughout CT 8—this building, and CT 7, was newly painted in October 2007, just before the Fall 2007 survey. At the time of the current survey, the CT 8 paint was universally cracked and peeling (the CT 7 paint was intact, except in one area adjacent to a very warm room);
    - 2). Hand sanitizer dispenser deployment and installation;
    - 3). Patient hamper purchase and deployment;

- 4). Material Safety Data Sheet (MSDS) manual development and distribution—the information included in an MSDS is very technical and not consumer-friendly.

However, a determination should be made for the chemicals that are commonly used on all units (for example, hand sanitizer, laundry detergent, disinfectant wipes, floor cleaner, bleach, etc.), an MSDS binder developed on those specific items, and distributed to all units for maintenance in a common location with other manuals.

- e. Civil and Forensic Services should immediately review the following practices and make appropriate adjustments:
  - 1). Retention of toilet paper and paper towels behind the Nursing Station;
  - 2). Tightly capping the sharps containers—in eight areas, the container caps either were left open until the container was filled, or the caps were slightly, but not firmly, closed;
  - 3). Clear accountability for the general management of the unit refrigerators—(1) Nutrition: its labeling, scheduled cleaning (including removal of past-dated items), food dating and labeling, (2) labeling the Medication refrigerator, and (3) keeping the temperature logs current on both refrigerators;
  - 4). Placement of all required manuals on all units;
  - 5). Determination of one common placement point across all units in each division for the Infection Control bulletin board;
  - 6). Replacement of fire evacuation maps that have been removed from the wall;
  - 7). Clinical management of patients whose destructive behavior is disruptive and/or inappropriate for the general therapeutic environment—One patient has defaced the walls of one unit with crayons and markers. The walls were recently painted, and the Housekeeping staff has repeatedly cleaned the walls, but the patient continues to mark up the walls. Surveyors did not determine whether this issue had been addressed through the patient's treatment team, but were informed that the patient has pointedly told the Housekeepers that the damage would be repeated every time they cleaned the walls. This situation is a Housekeeping-specific problem that should be addressed on a clinical level.

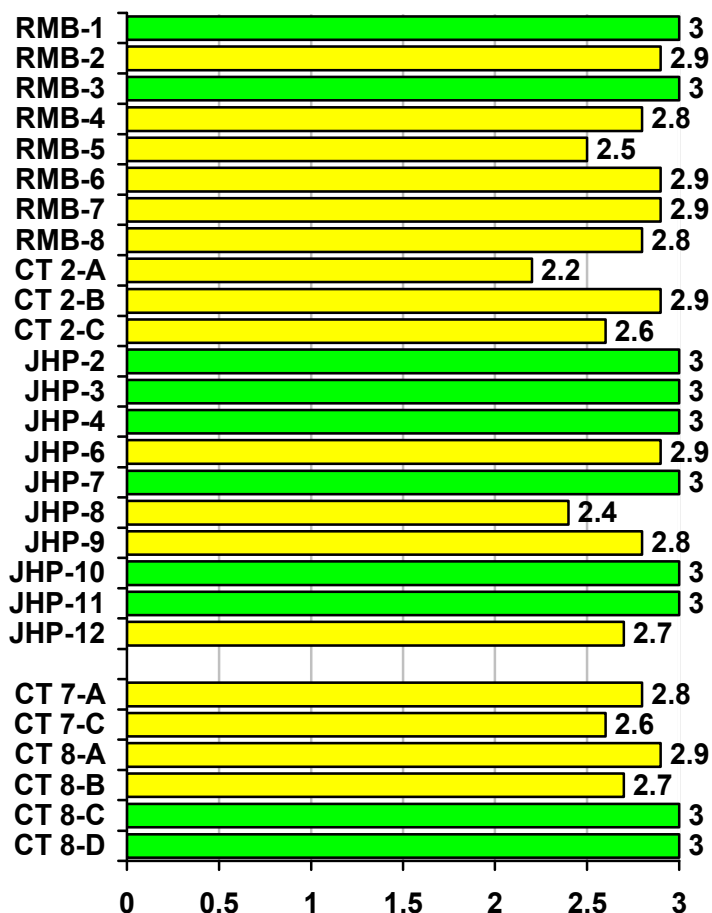
#### **4. SURVEY FINDINGS—By Category and Unit**

The following category reports are based on the information displayed in, Appendix C, Hospital-wide Findings. As previously noted, the Environmental Self-Assessment Survey consisted of fifteen categories and 111 standards. In this section, the average score is reported by unit, for each category. Surveyor comments are also included, as they provide valuable context for the findings. Unit-specific performance details on each standard are reflected in Appendix C.

## Average Unit Findings and Ratings for Category 1—General Unit Cleanliness

CATEGORY FINDINGS	
Strongly Disagree	2%
Somewhat Disagree	12%
Agree	86%
Average Rating—2.8	

### AVERAGE RATINGS BY UNIT



General cleanliness of each unit was assessed using 13 standards.<sup>2</sup> Of the 27 patient areas surveyed, five units received acceptable ratings (green zone) on all 13 standards. Four other units also received all acceptable ratings in standards observed, but surveyors either were not able to observe all standards or did not respond. Flooring was noted to be clean on all 27 units, the only standard rated acceptable on all units. However, the surveyors found that for 7 of 13 standards, at least one ward was in the red zone, reflecting the units were well below an acceptable level. The standards most often rated as unacceptable (yellow or red zone) were related to general clutter, furnishings, bedding and patient laundry.

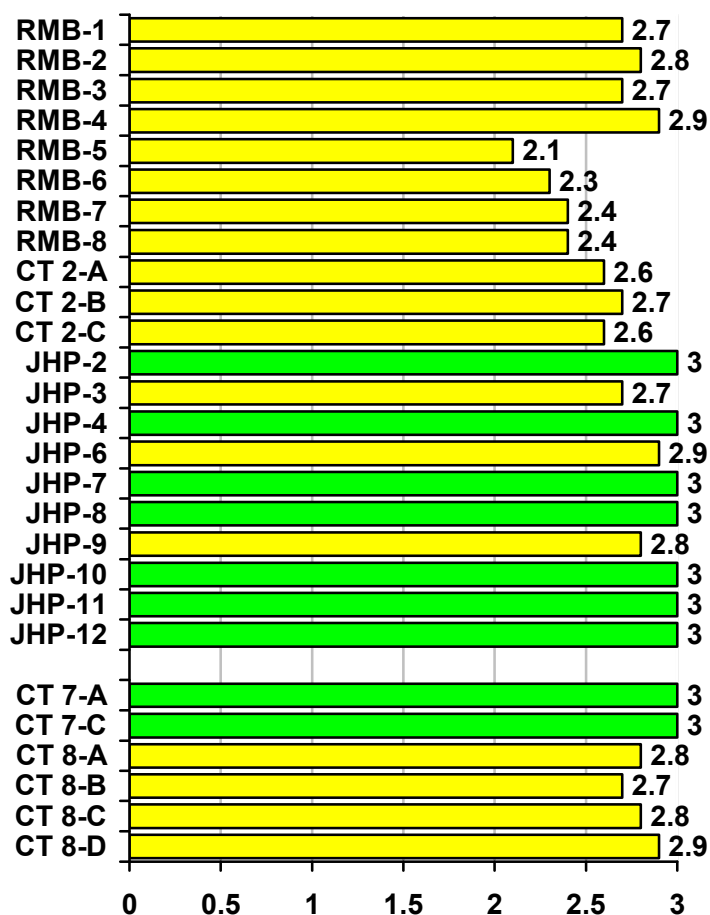
One surveyor commented that the cleanser used by Housekeeping left a very harsh and lingering bleach smell. Fresh cigarette butts were observed on two units (one in an ash can, and another in a potted plant). Some closet floors were visibly dirty and littered with mouse droppings, even though a trap had been placed.

<sup>2</sup> Three standards around patient bedding and laundry were not assessed for areas in the Treatment Mall, and those units were not calculated in the average score.

## Average Unit Findings and Ratings for Category 2—General Unit Maintenance

CATEGORY FINDINGS	
Strongly Disagree	5%
Somewhat Disagree	12%
Agree	83%
Average Rating—2.8	

AVERAGE RATINGS BY UNIT



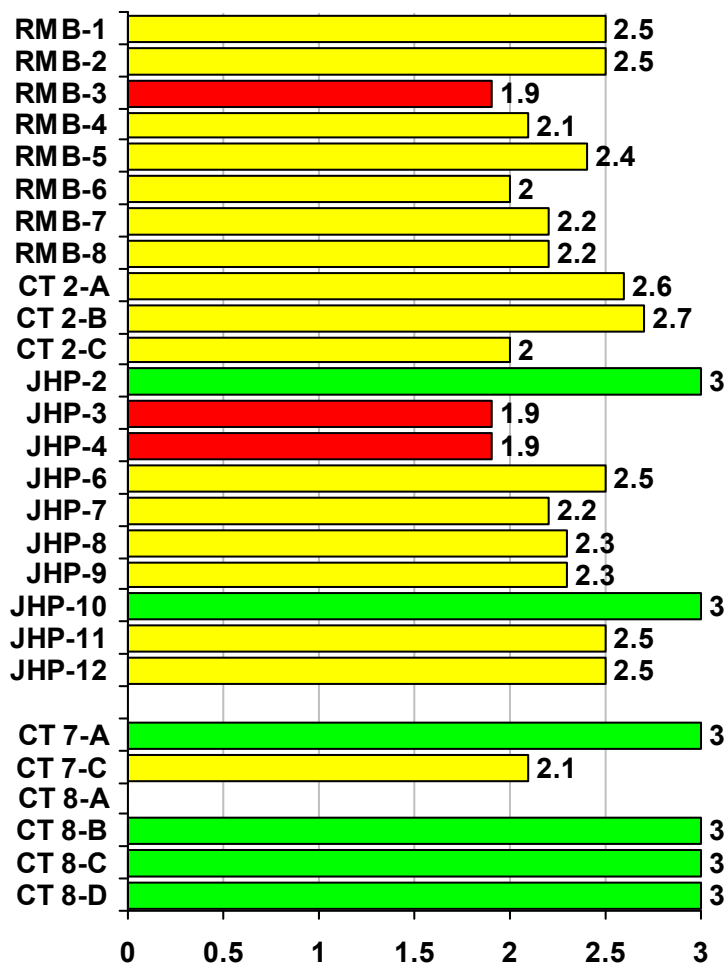
General maintenance and upkeep of units was assessed using 10 standards. The only standard rated as acceptable for all units was that the ward entry door operated smoothly. Only one unit (JHP 10) received an acceptable rating in all standards, but three other units were rated as acceptable in all standards on which surveyors reported. In this category, the condition of walls and paint were identified as a significant issue on 13 of 27 units, but it is noteworthy that at least 4 units were painted shortly after the survey. Lighting was an issue on several units, as was condition of flooring. At the time of the survey, RMB units 5, 6, 7 and 8 were generally the lowest rated in this category. The conditions of walls and wall paints, received the lowest category ratings.

Surveyor comments identified issues of non-working light bulbs, wall plaster and paint that were not in good repair.

### Average Unit Findings and Ratings for Category 3—Food Handling / Refrigerator Monitoring

CATEGORY FINDINGS	
Strongly Disagree	21%
Somewhat Disagree	13%
Agree	66%
Average Rating—2.4	

AVERAGE RATINGS BY UNIT



The handling of food and keeping track of refrigerator temperatures was the focus of this category comprised of eleven standards. Two units received acceptable ratings in all standards, but three other received acceptable ratings in all the standards on which they were rated. Overall, this category was the most problematic in the survey. All but two units had at least one standard in the red zone. The nutrition refrigerator was rated in the red zone on multiple wards for multiple related standards and the medication refrigerator was equally problematic.

Surveyors commented that the nutrition refrigerator was not labeled as such, the nutrition refrigerators were not clean, and temperature logs were not consistently maintained.

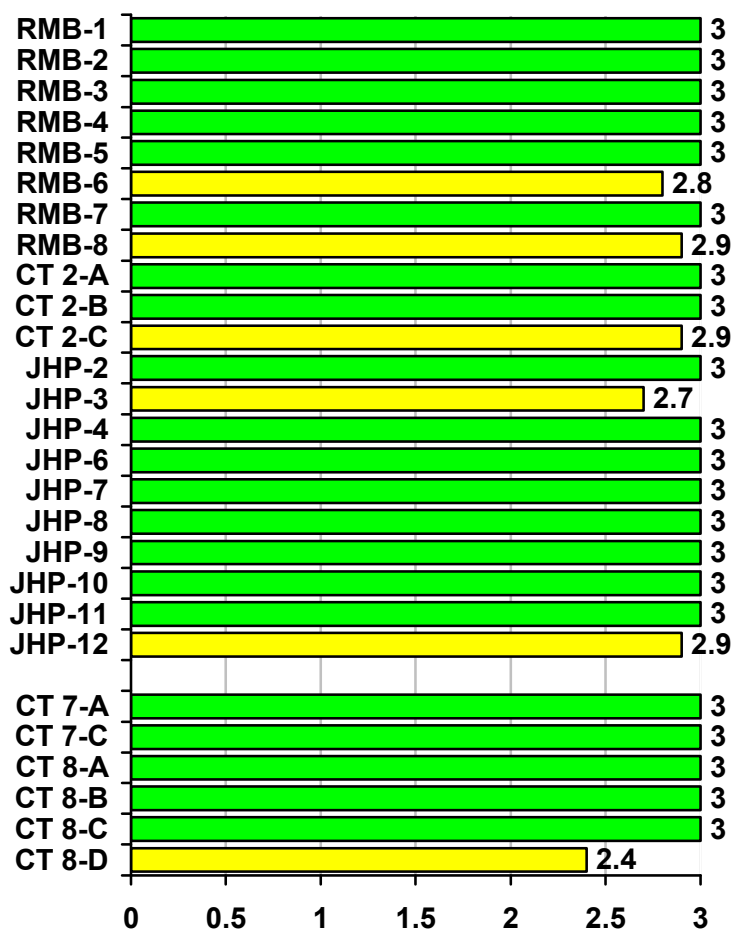
Staff on CT 8-A indicated that they shared a refrigerator on another unit, so this category was not rated for the unit.

### Average Unit Findings and Ratings for Category 4—Nursing Station

CATEGORY FINDINGS	
Strongly Disagree	1%
Somewhat Disagree	2%
Agree	97%
Average Rating—2.9	

Nursing Station cleanliness and orderliness was assessed by the surveyors using nine standards and was one of the highest rated categories. Twenty units received all acceptable ratings for all standards and only one unit had more than one unacceptable rating.

#### AVERAGE RATINGS BY UNIT



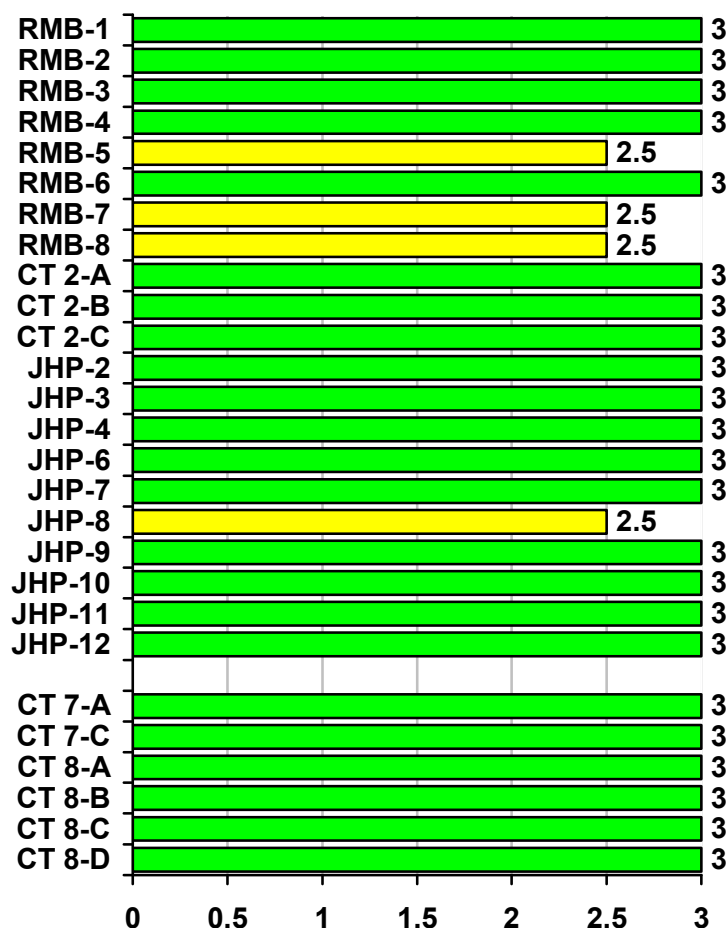
Surveyors indicated that hand washing posters need to be replaced on one unit, that hand sanitizer was not consistently available from one unit to another, and that one unit was missing a biohazard container.



## Average Unit Findings and Ratings for Category 5—Linen Handling

CATEGORY FINDINGS	
Strongly Disagree	5%
Somewhat Disagree	NONE
Agree	95%
Average Rating—2.9	

## AVERAGE RATINGS BY UNIT



The quantity and quality of bed linens and towel supplies were assessed in this category that was comprised of four standards. Sixteen of twenty-one units received acceptable ratings in all four standards. Four units received a rating in the red zone on one standard. An inadequate supply of linens and towels was rated in the red zone on three units in RMB.

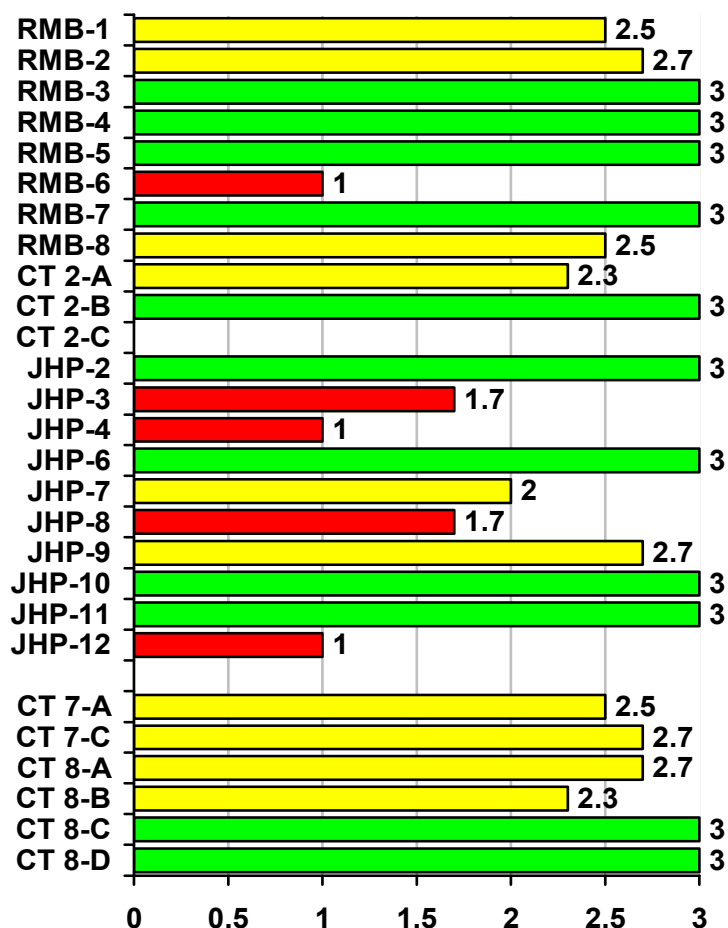
Overwhelmingly, surveyors indicated the need for more sufficient supplies of wash cloths, blankets, laundry bags, and towels. Two units stored linen supplies and other items on the floor, and one linen closet provided storage for the unit floor polisher.

## Average Unit Findings and Ratings for Category 6—Storage Room

CATEGORY FINDINGS	
Strongly Disagree	17%
Somewhat Disagree	15%
Agree	68%
Average Rating—2.5	

The condition of the storage areas was the focus of this category, which was comprised of three standards. Eight units received acceptable ratings in all standards, but one unit (JHP 12) was rated in the red zone on all three standards, and four other units (three in JHP and one in RMB) were rated in the red zone in two out of three standards.

## AVERAGE RATINGS BY UNIT



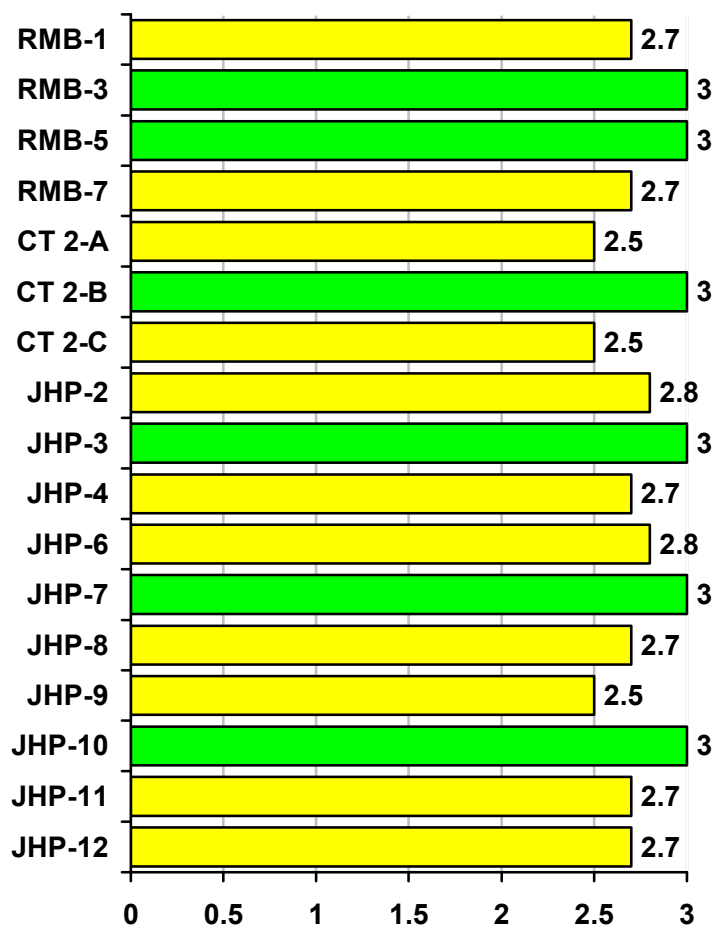
Many surveyors described items being placed on the storage room floor, including water bottles, soap, bags, seasonal decorations, and broken furniture and noted that items were not properly labeled.

### Average Unit Findings and Ratings for Category 7—Laundry Room

CATEGORY FINDINGS	
Strongly Disagree	6%
Somewhat Disagree	10%
Agree	84%
Average Rating—2.8	

This category examined the condition of unit laundry rooms on the seventeen patient areas which have such units. This category was comprised of six standards. Four of seventeen units received a rating in the green zone on all standards. In all areas, three of the six standards were met.

AVERAGE RATINGS BY UNIT



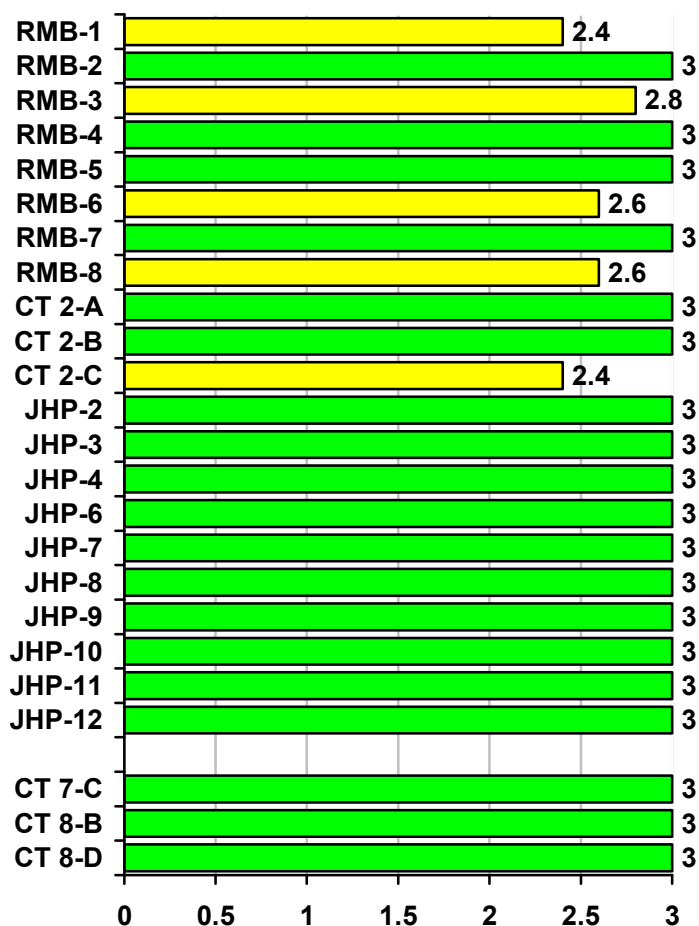
The failure to display a hand washing poster was the standard most often identified as deficient.

### Average Unit Findings and Ratings for Category 8—Treatment Room

CATEGORY FINDINGS	
Strongly Disagree	3%
Somewhat Disagree	3%
Agree	94%
Average Rating—2.9	

The Treatment Room category has five standards. Twenty of 25 units rated in the category received an acceptable rating (green zone) for all standards. Only one unit was rated below acceptable on more than one standard. Standards where improvement is needed include ensuring oxygen tank signage is current and two standards around PPEs (availability of supplies and red bags for used PPEs)

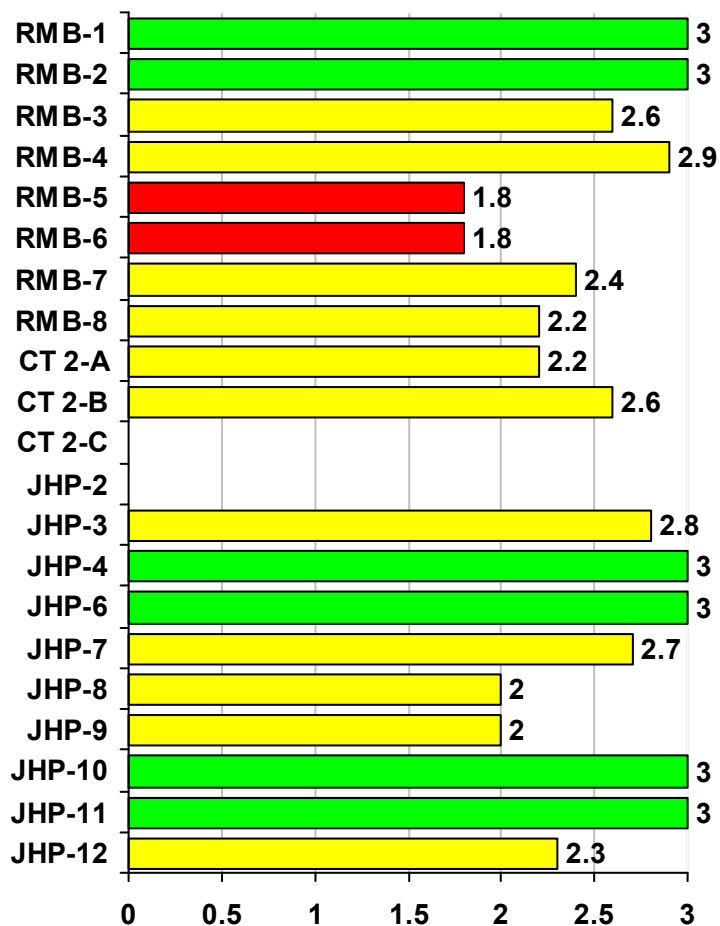
AVERAGE RATINGS BY UNIT



## Average Unit Findings and Ratings for Category 9—Dormitory Areas

CATEGORY FINDINGS	
Strongly Disagree	15%
Somewhat Disagree	16%
Agree	69%
Average Rating—2.6	

### AVERAGE RATINGS BY UNIT



Patient dormitory areas were surveyed for this category. This category has seven standards. Three units received acceptable ratings on all standards. Key findings that crossed a number of units included improper labeling of dorm rooms, inadequate supply of hampers, or hampers overstuffed with patient clothing, mattresses without linens and areas with clutter or insects or rodents.

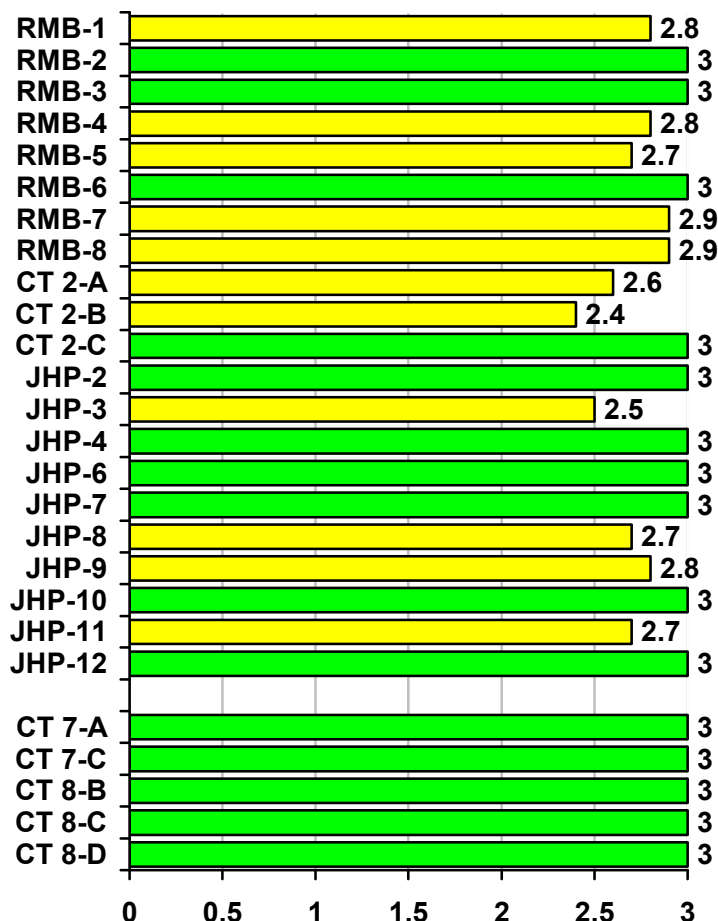
Surveyors indicated that, on some units, patients were observed sleeping on bare mattresses, patients stored food and drink containers on the window sills, and that the cleaning solution had a harsh, unpleasant, lingering chemical odor.

On the day of the survey, one unit was transitioning patients from another unit to CT 2-C, so the survey was deferred. There were no surveyor responses recorded for JHP 2.

**Average Unit Findings and Ratings for Category 10—Infectious Waste and Sharps Disposal**

<b>CATEGORY FINDINGS</b>	
Strongly Disagree	<b>5%</b>
Somewhat Disagree	<b>2%</b>
Agree	<b>93%</b>
<b>Average Rating—2.9</b>	

The Infectious Waste and Sharps Disposal category assesses biohazard waste handling and disposal processes using eight standards. Eight units were rated acceptable in all eight standards; eleven units were rated deficient in at least one standard.

**AVERAGE RATINGS BY UNIT**

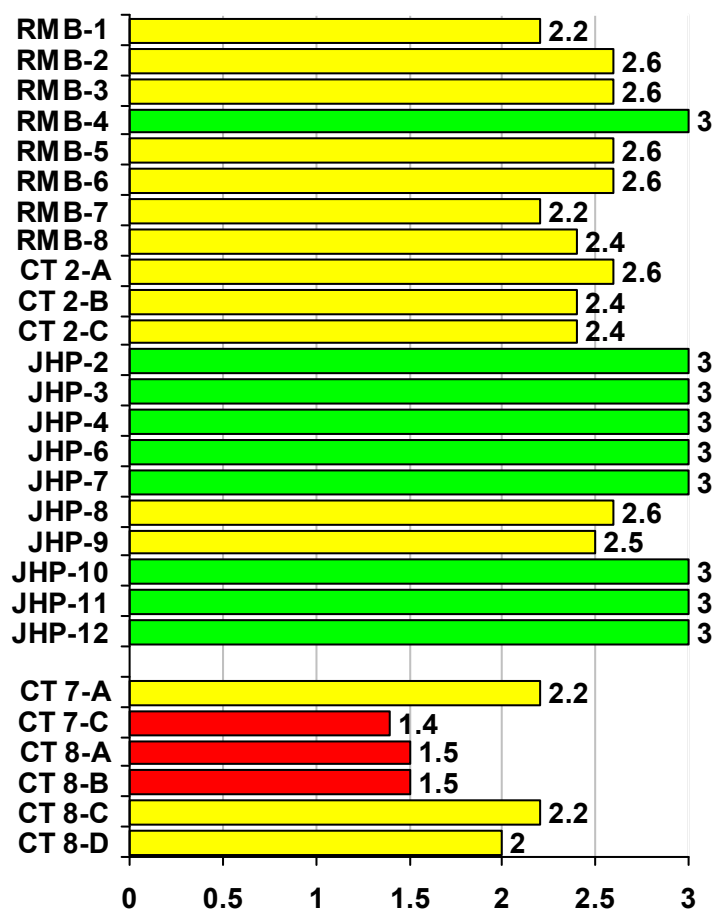
Surveyors found that red trash bags were being properly used for hazardous waste and that they were properly stored. Key areas of concern involved lack of biohazard labels on trash cans and that sharps containers were overfilled or not properly capped, and an inability to locate the manuals, bulletin boards, and information at consistent or expected sites.

Staff on CT 8-A explained that all of their treatment or medication occurs on CT 8-B, so that unit was excluded from these findings.

### Average Unit Ratings and Findings for Category 11—Manuals / Information Availability

CATEGORY FINDINGS	
Strongly Disagree	22%
Somewhat Disagree	4%
Agree	74%
Average Rating—2.5	

#### AVERAGE RATINGS BY UNIT



This category assesses whether specific information is readily available to the unit staff if needed and is an areas in need of significant improvement. The category has five active standards (one has been temporarily designated as “not applicable” for the whole hospital as the Infection Control Officer is revising the Infection Control Manual). Seven units received acceptable ratings on all five standards. Key standards not being met on many units include maintenance of Infection Control bulletin board, the availability of the Nursing Reference Manual on several units, and the accessibility of Material Safety Data Sheets (MSDS) on many units.

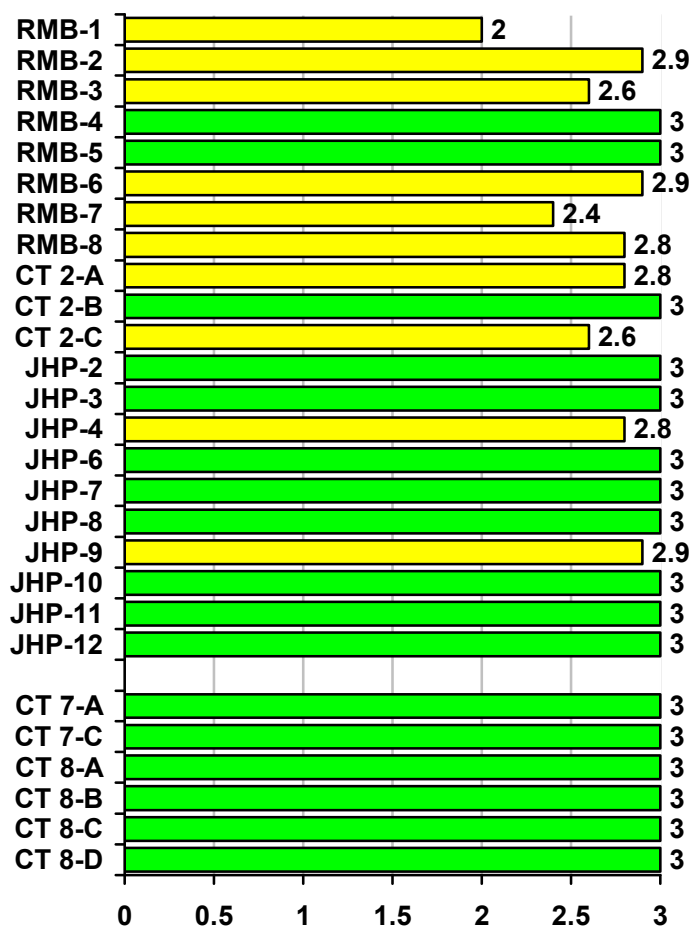
One surveyor comment was that for almost every standard, staff was unable to locate the manuals, bulletin boards, and information at the expected or consistent sites.

## Average Unit Ratings and Findings for Category 12—Safety

CATEGORY FINDINGS	
Strongly Disagree	3%
Somewhat Disagree	4%
Agree	93%
Average Rating—2.8	

The Safety category evaluates several life safety issues throughout the hospital. It consists of seven standards. Seventeen units received acceptable ratings on all standards (green zone). The most prevalent red and yellow zone issues were around the staff not wearing identification badges. Three units did not have posted fire evacuation maps, although they were available elsewhere on the unit.

## AVERAGE RATINGS BY UNIT



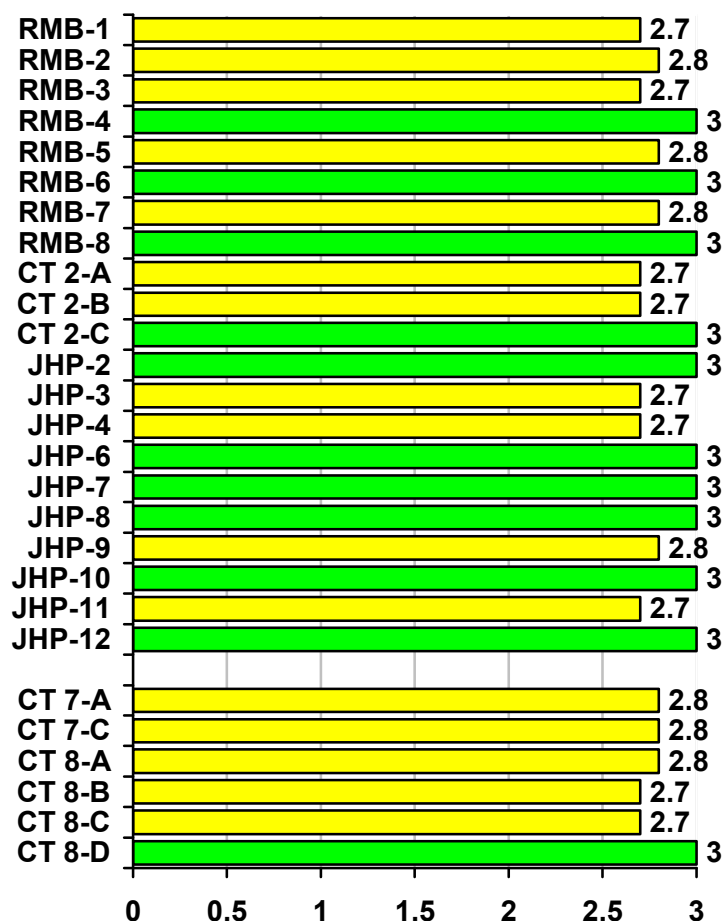


### Average Unit Ratings and Findings for Category 13—Therapeutic Milieu

CATEGORY FINDINGS	
Strongly Disagree	4%
Somewhat Disagree	8%
Agree	88%
Average Rating—2.8	

Therapeutic Milieu assesses a variety of physical factors in the environment with which the patient interacts. This category has six standards. Nine units received acceptable ratings on all standards, and two others were rated acceptable in all standards for which ratings were completed

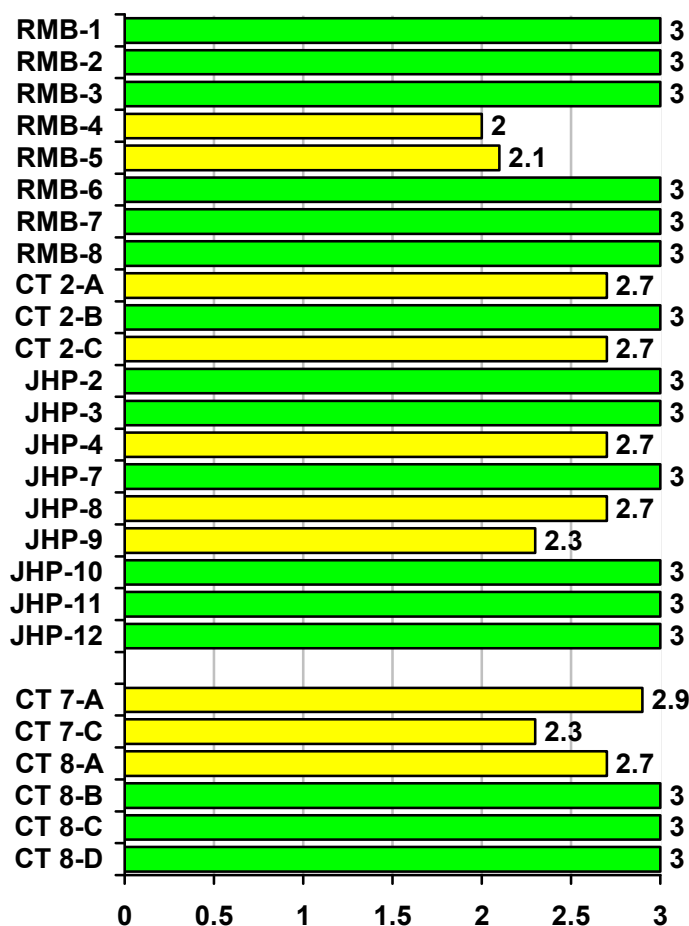
#### AVERAGE RATINGS BY UNIT



Surveyor comments identified problems with unit temperature, availability of hand sanitizer (dispensers were located for staff convenience only), water cups that were not openly patient-accessible (i.e., the patient had to request a cup from the staff), and multiple unit clocks that either had different times, or were not working at all.

**Average Unit Findings and Ratings for Category 14M—Bathroom [Male]**

CATEGORY FINDINGS	
Strongly Disagree	6%
Somewhat Disagree	4%
Agree	90%
Average Rating—2.8	

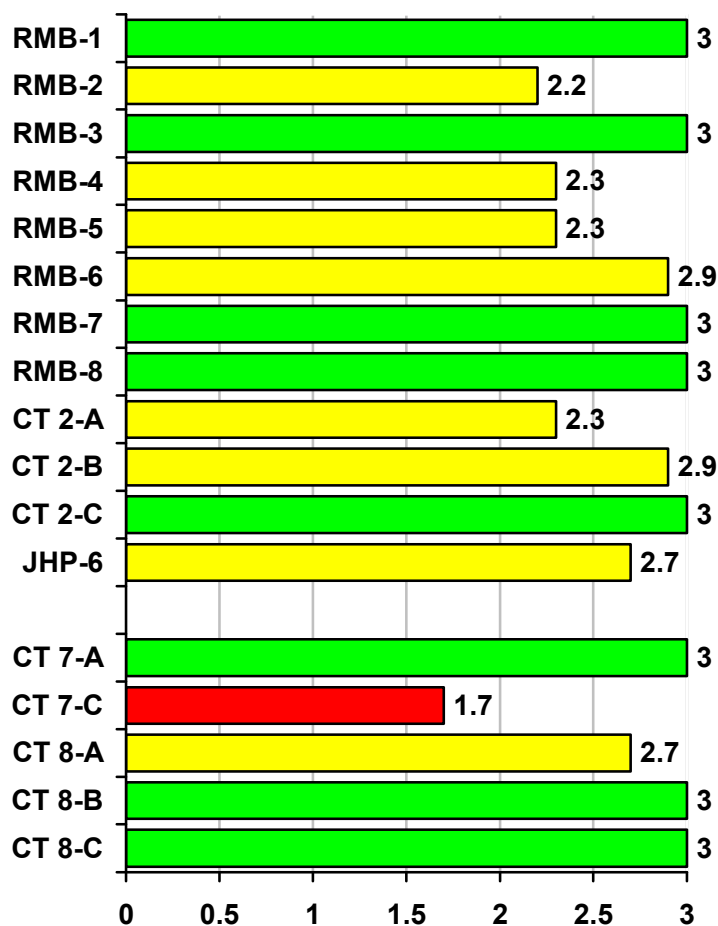
**AVERAGE RATINGS BY UNIT**

The Bathroom [Male] category addressed the cleanliness and general hygiene of the unit facilities. Surveyors assessed at least one male bathroom on each unit, as applicable (JHP 6 is a female-only unit, and bathrooms on CT 8-D are not gender-specific). This category has seven standards. Twelve units received acceptable ratings in all standards, and four others received acceptable ratings in the standards for which they were rated. Areas in which deficiencies were noted across units included a practice pattern by unit staff not to stock the bathrooms with toilet paper and paper towels as well as cleanliness and odor issues on some units.

Surveyors repeatedly observed that some units kept toilet paper and paper towels at the Nursing Station (forcing patients on these units to request toilet paper and paper towels before toileting), and that some residential units had no shower curtains which, they noted, adversely impacts patient dignity.

**Average Unit Findings and Ratings for Category 14F—Bathroom [Female]**

<b>CATEGORY FINDINGS</b>	
Strongly Disagree	<b>10%</b>
Somewhat Disagree	<b>5%</b>
Agree	<b>85%</b>
<b>Average Rating—2.8</b>	

**AVERAGE RATINGS BY UNIT**

The Bathroom [Female] category addresses the cleanliness and general hygiene of the unit facilities. Surveyors assessed at least one female bathroom on each unit, as applicable (JHP units 2, 3, 4 5, 7, 8, 9, 10, 11 and 12 are male only units, and CT 8-D bathrooms are not gender-specific). This category has seven standards. Four of 18 units received acceptable ratings on all standards, and 4 others received acceptable ratings in standards for which they were assessed.

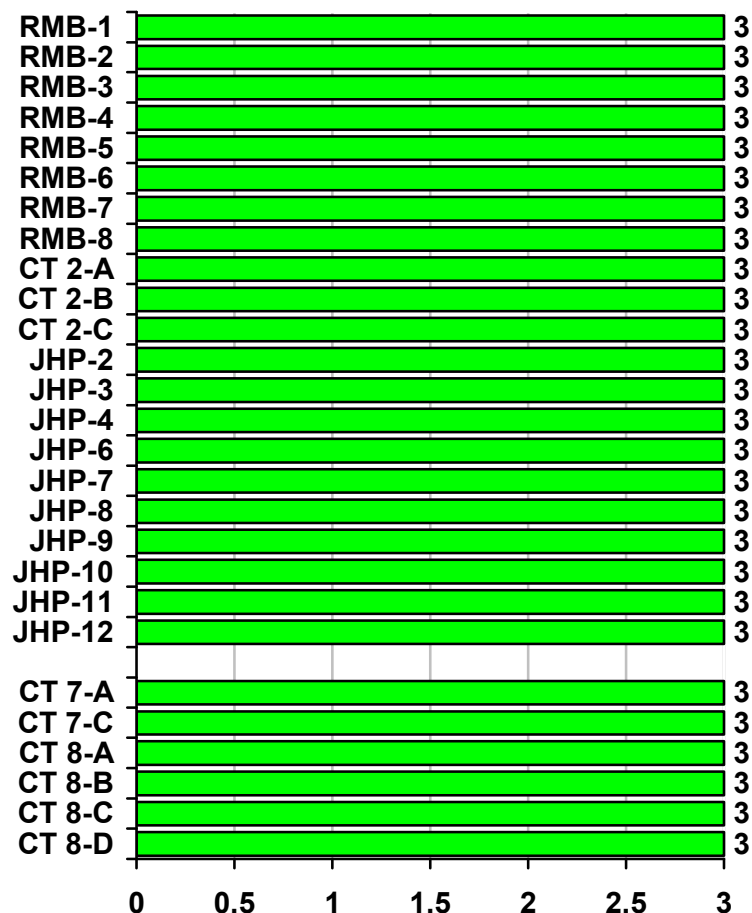
Surveyors noted that paper supplies (toilet paper and paper towels) were kept at the Nursing Station on some units, and that one unit bathroom had an offensive smell. In addition, there were several female bathrooms with inadequately supplied soap dispensers.

## Average Unit Findings and Ratings for Category 15—Staff Demonstration

CATEGORY FINDINGS	
Strongly Disagree	None
Somewhat Disagree	None
Agree	100%
Average Rating—3	

Staff Demonstration evaluated staff knowledge of the location of five critical emergency equipment items. The surveyors asked a unit employee, at random, to **show** (not how to operate) the particular equipment to the survey team.

## AVERAGE RATINGS BY UNIT

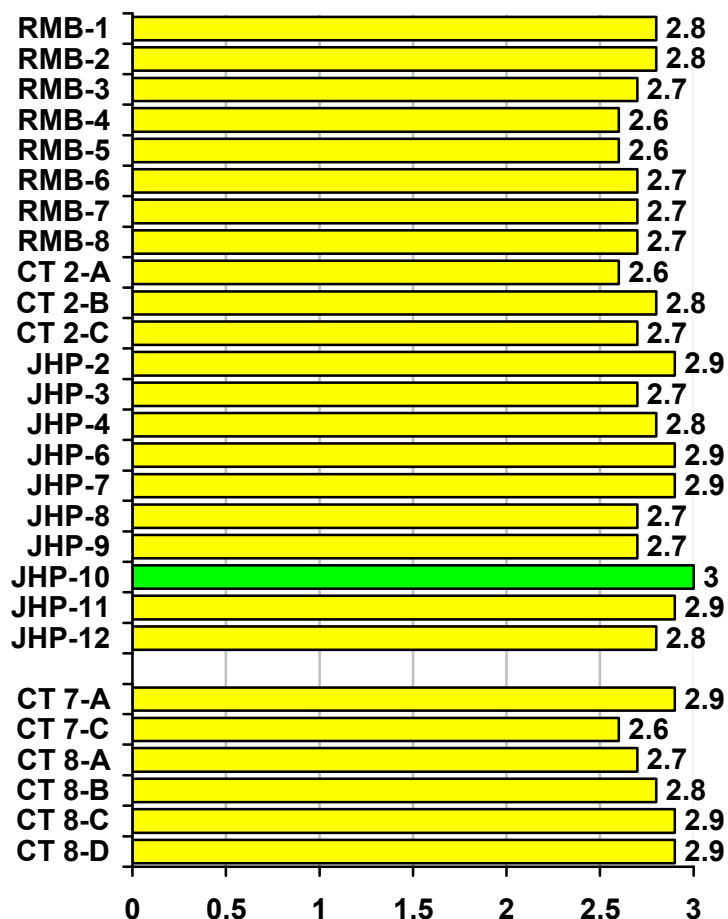


This was the one category in which all units and all standards received green ratings.

## APPENDIX A—Hospital-wide Average Ratings by Unit

**Hospital-wide average rating—2.8**

AVERAGE RATINGS BY UNIT



Twenty-seven units were surveyed. Overall, the unit rates ranged between 2.6 and 3.

One unit, JHP 10, rated 3 (4% of the total). Seven units rated 2.9 (26%), six units rated 2.8 (22%), nine units rated 2.7 (33%), and four units rated 2.6 (15%).

## **APPENDIX B—Identified Problem Areas by Unit**

While the previous reports present a view of the aggregated hospital findings, the following tables use the same database, Appendix C, Hospital-wide Findings, to break out specific problem areas that were identified by the surveyors on each unit. The codes that accompany each finding can be cross-referenced with the database. The category number is listed first, followed by the standard number within the category.

**One unit, JHP-10, received a rating of 3 in all categories.**

### **RMB-1**

<b>STANDARD(S) RATED IN RED ZONE</b>		<b>STANDARD(S) RATED IN YELLOW ZONE</b>	
C-3.5	Nutrition refrigerator is labeled.	C-2.6	Illuminated signs have working light bulbs.
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-2.7	All light fixtures have working light bulbs.
C-3.10	Medication refrigerator temperature log is current.	C-2.8	Handrails are securely fixed to the wall.
C-7.3	Hand washing poster is displayed.	C-6.1	All supplies are stored off the floor.
C-8.5	Red-bags are available for used PPE.	C-8.4	PPE supplies are available.
C-10.4	Biohazard labels affixed to trash cans.		
C-11.5	Material Safety Data Sheet binder.		
C-11.6	Fire Evacuation Plan binder.		
C-12.1	All staff wear identification badge.		
C-13.1	Unit temperature appropriate for weather.		

### **RMB-2**

<b>STANDARD(S) RATED IN RED ZONE</b>		<b>STANDARD(S) RATED IN YELLOW ZONE</b>	
C-3.6	Nutrition refrigerator temperature log is current.	C-1.1	The unit is clean.
C-11.5	Material Safety Data Sheet binder.	C-2.6	Illuminated signs have working light bulbs.
C-14F.3	Bathroom soap dispensers are filled.	C-2.7	All light fixtures have working light bulbs.
C-14F.4	Bathroom soap dispensers work properly.	C-3.4	Nutrition refrigerator is clean inside and outside.
		C-3.7	Food in the nutrition refrigerator labeled, dated.
		C-3.8	Labeled refrigerated food is current.
		C-6.2	Secondary containers are properly labeled.
		C-12.1	All staff wear identification badge.
		C-13.1	Unit temperature appropriate for weather.
		C-14F.1	Bathroom is free of odor.

## RMB-3

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.4	Nutrition refrigerator is clean inside and outside.	C-2.6	Illuminated signs have working light bulbs.
C-3.5	Nutrition refrigerator is labeled.	C-2.7	All light fixtures have working light bulbs.
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-8.4	PPE supplies are available.
C-3.8	Labeled refrigerated food is current.	C-9.4	Mattresses have bed sheets, pillows, and blankets.
C-3.10	Medication refrigerator is labeled.		
C-3.11	Medication refrigerator temperature log is current.		
C-9.5	Hampers are available for soiled patient clothing.		
C-11.3	Infection Control bulletin board.		
C-13.1	Unit temperature appropriate for weather.		
C-13.2	Hand-sanitizer is available.		

## RMB-4

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.4	Nutrition refrigerator is clean inside and outside.	C-1.1	The unit is clean.
C-3.5	Nutrition refrigerator is labeled.	C-1.2	The unit is free of urine/fecal odor.
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-1.7	The unit is free of clutter.
C-3.8	Labeled refrigerated food is current.	C-1.10	Flooring (carpet or other) is in good repair.
C-3.10	Medication refrigerator is labeled.	C-9.2	The dormitory is free of odors (body, smoke, etc.)
C-10.4	Biohazard labels affixed to trash cans.		
C-14M.3	Bathroom soap dispensers are filled.[M]		
C-14M.5	Bathroom is stocked with clean toilet tissue.[M]		
C-14M.6	Bathroom is stocked with clean paper towels.[M]		
C-14F.3	Bathroom soap dispensers are filled. [F]		
C-14F.4	Bathroom soap dispensers work properly. [F]		

## RMB-5

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-1.9	Walls are clean.	C-1.1	The unit is clean.
C-2.3	Walls are in good repair.	C-1.7	The unit is free of clutter.
C-2.3	Wall paint is in good repair.	C-1.13	Dirty patient laundry is stored properly.
C-2.10	Flooring (carpet or other) is in good repair.	C-2.2	Furnishings are in good repair.

C- 5.1	Linen and towel supplies reported sufficient.	C-3.1	The ward sink is clean
C- 9.1	Dorm labeled with pt's first name & last initial only.	C-3.4	Nutrition refrigerator is clean inside and outside.
C-9.4	Mattresses have bed sheets, pillows, and blankets.	C-3.5	Nutrition refrigerator is labeled.
C- 9.5	Hampers are available for soiled patient clothing.	C-9.6	Area is free of loose or stored food.
C- 9.7	Sharps container is tightly capped.	C-13.6	All calendars show the correct month, date.
C- 11.3	Infection Control bulletin board.	C-14M.3	Bathroom soap dispensers are filled.
C- 14M.5	Bathroom is stocked with clean toilet tissue.[M]		
C-14M.6	Bathroom is stocked with clean paper towels.[M]		
C-14F.5	Bathroom is stocked with clean toilet tissue.[F]		
C-14F.6	Bathroom is stocked with clean paper towels.[F]		

## RMB-6

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.3	Walls are in good repair.	C-1.13	Dirty patient laundry is stored properly.
C-2.4	Wall paint is in good repair.	C-3.1	The ward sink is clean
C-2.10	Flooring (carpet or other) is in good repair.	C-3.4	Nutrition refrigerator is clean inside and outside.
C-3.3	Counters, sinks, serving carts free of perishable food.	C-3.5	Nutrition refrigerator is labeled.
C-4.5	Soap dispenser is clean.	C-9.7	Area is free of trash, clutter, insects, and rodents.
C-6.1	All supplies are stored off the floor.	C-12.1	All staff wear identification badge.
C-6.3	All supplies are stored below the height marker.	C-14F.3	Bathroom soap dispensers are filled.[F]
C-8.1	Oxygen tank signage is current.		
C-9.1	Dorm labeled with pt's first name & last initial only.		
C-9.4	Mattresses have bed sheets, pillows, and blankets.		
C-9.5	Hampers are available for soiled patient clothing.		
C-11.5	Material Safety Data Sheet binder.		

## RMB-7

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.3	Walls are in good repair.	C-1.8	Furnishings are clean.
C-2.4	Wall paint is in good repair.	C-2.10	Flooring (carpet or other) is in good repair.
C-3.4	Nutrition refrigerator is clean inside and	C-3.1	The ward sink is clean



	outside.		
C-5.1	Linen and towel supplies reported sufficient.	C-3.3	Counters, sinks, serving carts free of perishable food.
C-7.3	Hand washing poster is displayed.	C-10.7	Sharps container is tightly capped.
C-9.1	Dorm labeled with pt's first name & last initial only.	C-13.2	Hand-sanitizer is available.
C-9.5	Hampers are available for soiled patient clothing.		
C-11.3	Infection Control bulletin board.		
C-11.5	Material Safety Data Sheet binder.		
C-12.1	All staff wear identification badge.		
C-12.7	A fire evacuation map is posted on the unit.		

## RMB-8

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.3	Walls are in good repair.	C-1.8	Furnishings are clean.
C-3.10	Nutrition refrigerator is labeled.	C-1.9	Walls are clean.
C-5.1	Linen and towel supplies reported sufficient.	C-2.4	Wall paint is in good repair.
C-8.1	Oxygen tank signage is current.	C-2.9	Hanging pictures securely fixed to the wall.
C-9.1	Dorm labeled with pt's first name & last initial only.	C-2.10	Flooring (carpet or other) is in good repair.
C-9.5	Hampers are available for soiled patient clothing.	C-3.1	The ward sink is clean
C-11.5	Material Safety Data Sheet binder.	C-3.4	Nutrition refrigerator is clean inside and outside.
		C-4.5	Soap dispenser is clean.
		C-6.1	All supplies are stored off the floor.
		C-9.4	Mattresses have bed sheets, pillows, and blankets.
		C-10.7	Sharps container is tightly capped.
		C-11.3	Infection Control bulletin board.
		C-12.1	All staff wear identification badge.
		C-12.7	A fire evacuation map is posted on the unit.

## CT 2-A

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-1.2	The unit is free of urine/fecal odor.	C-3.7	Food in the nutrition refrigerator labeled, dated.
C-10.6	Sharps containers are less than 2/3 full.	C-3.8	Labeled refrigerated food is current.
C-11.5	Material Safety Data Sheet binder.	C-6.1	All supplies are stored off the floor.
		C-6.2	Secondary containers are properly

<b>STANDARD(S) RATED IN YELLOW ZONE</b>			labeled.
C-1.1	The unit is clean.	C-7.1	Laundry Room is clean.
C-1.4	Open trash cans are free of soiled diapers.	C-12.1	Dorm labeled with pt's first name & last initial only.
C-1.5	The unit is free of smoking evidence.	C-12.2	The dormitory is free of odors (body, smoke, etc.)
C-1.8	Furnishings are clean.	C-12.4	Mattresses have bed sheets, pillows, and blankets.
C-1.9	Walls are clean.	C-12.5	Hampers are available for soiled patient clothing.
C-1.11	Bedding is visibly clean.	C-12.7	Area is free of trash, clutter, insects, and rodents.
C-1.12	Clean patient laundry is stored properly.	C-10.7	Sharps container is tightly capped.
C-1.13	Dirty patient laundry is stored properly.	C-12.1	All staff wear identification badge.
C-2.2	Furnishings are in good repair.	C-12.5	Electric panels, fire response equip. unobstructed.
C-2.3	Walls are in good repair.	C-13.5	All clocks display the same, correct time.
C-2.4	Wall paint is in good repair.	C-13.6	All calendars show the correct month, date.
C-2.5	All ceiling tiles are in place.	C-14M.1	Bathroom is free of odor.
		C-14M.7	Shower stall and curtain are clean.
		C-14F.7	Shower stall and curtain are clean.

## CT 2-B

<b>STANDARD(S) RATED IN RED ZONE</b>		<b>STANDARD(S) RATED IN YELLOW ZONE</b>	
C-10.4	Biohazard labels affixed to trash cans.	C-1.9	Walls are clean.
C-10.6	Sharps containers are less than 2/3 full.	C-2.3	Walls are in good repair.
C-11.5	Material Safety Data Sheet binder.	C-2.4	Wall paint is in good repair.
		C-2.5	All ceiling tiles are in place.
		C-3.1	The ward sink is clean
		C-3.7	Food in the nutrition refriger labeled, dated.
		C-3.8	Labeled refrigerated food is current.
		C-9.1	Dorm labeled with pt's first name & last initial only.
		C-10.3	Infection Control bulletin board.
		C-12.1	The dormitory is free of odors (body, smoke, etc.)
		C-13.1	Unit temperature appropriate for weather.
		C-13.5	All clocks display the same, correct time.
		C-14F.1	Bathroom is free of odor.[F]
		C-14F.2	Bathroom fixtures are clean.[F]
		C-15.2	Automatic External Defibrillator

## CT 2-C

<b>STANDARD(S) RATED IN RED ZONE</b>		<b>STANDARD(S) RATED IN YELLOW ZONE</b>	
C-3.6	Nutrition refrigerator temperature log is current.	C-1.1	The unit is clean.

C-3.11	Medication refrigerator temperature log is current.	C-1.7	The unit is free of clutter.
C-8.5	Red-bags are available for used PPE.	C-1.8	Furnishings are clean.
C-11.5	Material Safety Data Sheet binder.	C-1.9	Walls are clean.
C-12.1	All staff wear identification badge.	C-2.2	Furnishings are in good repair.
		C-2.3	Walls are in good repair.
		C-2.4	Wall paint is in good repair.
		C-3.4	Nutrition refrigerator is clean inside and outside.
		C-3.5	Nutrition refrigerator is labeled.
		C-3.7	Food in the nutrition refrigerator labeled, dated.
		C-3.8	Labeled refrigerated food is current.
		C-4.1	Nursing station counter-top is clean.
		C-7.1	Laundry Room is clean.
		C-8.2	Soap dispensers are filled.
		C-11.3	Infection Control bulletin board.
		C-12.3	Corridors are unobstructed.
		C-12.6	Areas are free of trip hazards.
		C-14M.2	Bathroom fixtures are clean.[M]
		C-14F.2	Bathroom fixtures are clean.[F]

## CT 7-A

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-11.3	Infection Control bulletin board.	C-1.6	No visible insect and rodent carcasses, droppings.
C-11.5	Material Safety Data Sheet binder.	C-1.8	Furnishings are clean.
		C-6.2	Secondary containers are properly labeled.
		C-13.5	All clocks display the same, correct time.
		C-14M.1	Bathroom is free of odor.[M]

## CT 7-C

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-1.6	The unit is free of visible insect and rodent carcasses, droppings.	C-14F.3	Bathroom soap dispensers are filled. [F]
C-3.1	The ward sink is clean	C-14F.5	Bathroom is stocked with clean toilet tissue.[F]
C-3.4	Nutrition refrigerator is clean inside and outside.	C-14F.6	Bathroom is stocked with clean paper towels. [F]
C-3.5	Nutrition refrigerator is labeled.		
C-3.7	Food in the nutrition refrigerator labeled, dated.		

C-3.8	Labeled refrigerated food is current.		
C-11.1	SEH Policy and Procedures Manual		
C-11.3	Infection Control bulletin board.	<b>STANDARD(S) WERE PARTIALLY MET</b>	
C-11.4	Nursing Reference Manual	C-1.5	The unit is free of smoking evidence.
C-11.5	Material Safety Data Sheet binder.	C-6.3	All supplies are stored below the height marker.
C-141M.5	Bathroom is stocked with clean toilet tissue.[M]	C-13.5	All clocks display the same, correct time.
C-14M.6	Bathroom is stocked with clean paper towels.[M]		
C-14F.2	Bathroom fixtures are clean.[F]		

## CT 8-A

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-11.3	Infection Control bulletin board.	C-1.6	No visible insect and rodent carcasses, droppings.
C-11.4	Nursing Reference Manual	C-2.4	Wall paint is in good repair.
C-11.5	Material Safety Data Sheet binder.	C-2.6	Illuminated signs have working light bulbs.
C-14M.6	Bathroom is stocked with clean paper towels.[M]	C-6.1	All supplies are stored off the floor.
C-13F.6	Bathroom is stocked with clean paper towels.[F]	C-13.5	All clocks display the same, correct time.

## CT 8-B

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-1.5	The unit is free of smoking evidence.	C-1.7	The unit is free of clutter.
C-2.4	Wall paint is in good repair.	C-2.8	Handrails are securely fixed to the wall.
C-11.3	Infection Control bulletin board.	C-6.1	All supplies are stored off the floor.
C-11.4	Nursing Reference Manual	C-6.3	All supplies are stored below the height marker.
C-11.5	Material Safety Data Sheet binder.		
C-13.5	All clocks display the same, correct time.		

## CT 8-C

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.4	Wall paint is in good repair.	C-11.4	Nursing Reference Manual
C-11.3	Infection Control bulletin board.	C-11.5	Material Safety Data Sheet binder.
C-13.4	All clocks display the same, correct time.		

## CT 8-D

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-4.7	Hand sanitizer is available.	C-2.4	Wall paint is in good repair.
C-11.3	Infection Control bulletin board.		
C-11.5	Material Safety Data Sheet binder.		

## JHP-2

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
	All standards were at least partially met.	C-7.3	Hand washing poster is displayed.

## JHP-3

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.5	All ceiling tiles are in place.	C-2.4	Wall paint is in good repair.
C-3.5	Nutrition refrigerator is labeled.	C-3.4	Nutrition refrigerator is clean inside and outside.
C-3.6	Nutrition refrigerator temperature log is current.	C-4.2	Hand washing poster is displayed
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-9.5	Hampers are available for soiled patient clothing.
C-3.8	Labeled refrigerated food is current.		
C-3.10	Medication refrigerator is labeled.		
C-4.8	Biohazard (Red Bag) containers are available.		
C-6.1	All supplies are stored off the floor.		
C-6.2	Secondary containers are properly labeled.		
C-10.6	Sharps containers are less than 2/3 full.		
C-10.7	Sharps container is tightly capped.		
C-13.5	All clocks display the same, correct time.		

## JHP-4

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.4	Nutrition refrigerator is clean inside and outside.	C-3.8	Labeled refrigerated food is current.
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-14M.2	Bathroom fixtures are clean.[M]
C-3.10	Medication refrigerator is labeled.		
C-3.11	Medication refrigerator temperature log is current.		
C-6.1	All supplies are stored off the floor.		
C-6.3	All supplies are stored below the height		

	marker.		
C-7.3	Hand washing poster is displayed.[Laundry Rm]		
C-12.7	A fire evacuation map is posted on the unit.		
C-13.5	All clocks display the same, correct time.		

## JHP-6

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.10	Medication refrigerator is labeled.	C-1.6	No visible insect and rodent carcasses, droppings.
C-14F.6	Bathroom is stocked with clean paper towels. [F]	C-2.3	Walls are in good repair.
		C-7.3	Hand washing poster is displayed. [Laundry]

## JHP-7

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.10	Medication refrigerator is labeled.		No 2's observed.
C-3.11	Medication refrigerator temperature log is current.		
C-6.1	All supplies are stored off the floor.		
C-9.1	Dorm labeled with pt's first name & last initial only.		

## JHP-8

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-1.11	Bedding is visibly clean.	C-1.7	The unit is free of clutter.
C-1.12	Clean patient laundry is stored properly.		
C-1.13	Dirty patient laundry is stored properly.		
C-3.5	Nutrition refrigerator is labeled.		
C-3.7	Food in the nutrition refrigerator labeled, dated.		
C-3.8	Labeled refrigerated food is current.		
C-3.10	Medication refrigerator is labeled.		
C-5.4	Linens are stored on shelves in a locked room.		
C-6.1	All supplies are stored off the floor.		
C-6.2	Secondary containers are properly labeled.		
C-7.3	Hand washing poster is displayed.		
C-9.4	Mattresses have bed sheets, pillows, and blankets.		

C-9.6	Area is free of loose or stored food.		
C-10.7	Sharps container is tightly capped.		
C-11.3	Infection Control bulletin board.		
C-14M.7	Shower stall and curtain are clean.		

## JHP-9

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-2.2	Furnishings are in good repair.	C-1.11	Bedding is visibly clean.
C-3.5	Nutrition refrigerator is labeled.	C-1.12	Clean patient laundry is stored properly.
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-1.13	Dirty patient laundry is stored properly.
C-3.8	Labeled refrigerated food is current.	C-6.1	All supplies are stored off the floor.
C-3.10	Medication refrigerator is labeled.	C-7.1	Laundry Room is clean.
C-9.4	Mattresses have bed sheets, pillows, and blankets.	C-7.2	Trash can is available.
C-9.5	Hampers are available for soiled patient clothing.	C-7.3	Hand washing poster is displayed.
C-9.6	Area is free of loose or stored food.	C-9.7	Area is free of trash, clutter, insects, and rodents.
C-11.1	SEH Policy and Procedures Manual	C-10.7	Sharps container is tightly capped.
C-14M.5	Bathroom is stocked with clean toilet tissue.[M]	C-13.1	Unit temperature appropriate for weather.
		C-14M.6	Bathroom is stocked with clean paper towels.[M]
		C-14M.7	Shower stall and curtain are clean.[M]

## JHP-10

STANDARD(S) RATED IN RED ZONE	STANDARD(S) RATED IN YELLOW ZONE
JHP-10--No 1's or 2's observed. This unit met <u>ALL</u> of the category standards!!!	

## JHP-11

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-7.3	Hand washing poster is displayed.	C-3.5	Nutrition refrigerator is labeled.
C-10.7	Sharps container is tightly capped.	C-3.7	Food in the nutrition refrigerator labeled, dated.
		C-13.2	Hand-sanitizer is available.
		C-13.5	All clocks display the same, correct time.

## JHP-12

STANDARD(S) RATED IN RED ZONE		STANDARD(S) RATED IN YELLOW ZONE	
C-3.7	Food in the nutrition refrigerator labeled, dated.	C-1.7	The unit is free of clutter.
C-3.8	Labeled refrigerated food is current.	C-1.11	Bedding is visibly clean
C-6.1	All supplies are stored off the floor.	C-1.12	Clean patient laundry is stored properly.

C-6.2	Secondary containers are properly labeled	C-1.13	Dirty patient laundry is stored properly.
C-6.3	All supplies are stored below the height marker.	C-3.5	Nutrition refrigerator is labeled.
		C-3.10	Medication refrigerator is labeled.
		C-3.7	Hand sanitizer is available.
		C-7.1	Laundry Room is clean.
		C-7.3	Hand washing poster is displayed.
		C-9.1	Dorm labeled with pt's first name & last initial only.
		C-9.4	Mattresses have bed sheets, pillows, and blankets.
		C-9.5	Hampers are available for soiled patient clothing.
		C-9.6	Area is free of loose or stored food.
		C-9.7	Area is free of trash, clutter, insects, and rodents.



(Page left blank intentionally)

## APPENDIX C—Hospital-wide Findings (2<sup>nd</sup> Qtr—March 2008)

## Rating Scale

**3 Surveyors AGREED with these statements.**

## 2 Surveyors SOMEWHAT DISAGREED with these statements.

**1 Surveyors STRONGLY DISAGREED with these statements.**

**N** These statements were **NOT APPLICABLE**.

**U** Surveyors were **UNABLE** to observe these indicators.

**X** Surveyors **DID NOT RESPOND** to these statements.

[illegible]

Description			RMB-1	RMB-2	RMB-3	RMB-4	RMB-5	RMB-6	RMB-7	RMB-8	CT 2-A	CT 2-B	CT 2-C	CT 7-A	CT 7-C	CT 8-A	CT 8-B	CT 8-C	CT 8-D	JHP-2	JHP-3	JHP-4	JHP-6	JHP-7	JHP-8	JHP-9	JHP-10	JHP-11	JHP-12
	7	All light fixtures have working light bulbs.	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	8	Handrails are securely fixed to the wall.	2	3	X	N	N	N	N	N	3	3	3	3	3	3	2	3	3	3	3	X	N	N	U	3	3	U	N
	9	Hanging pictures securely fixed to the wall.	3	3	X	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	10	Flooring (carpet or other) is in good repair.	3	3	X	2	1	1	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	U	3	3	U
C3 - Food Hndlg & Ref Monit'g	1	The ward sink is clean	3	3	3	3	2	2	2	2	U	2	N	3	1	N	3	3	3	3	X	X	3	3	3	3	3	3	3
	2	Sink is free of frozen or thawing food.	3	3	3	3	3	3	3	3	U	3	N	N	3	N	3	3	3	3	3	X	3	3	3	3	3	3	3
	3	Counters, sinks, svg carts free of perishable food.	3	3	3	3	3	1	2	3	U	3	N	N	3	N	3	3	3	3	3	3	N	N	3	3	3	3	3
	4	Nutrition refrigerator is clean inside and outside.	3	2	1	1	2	2	1	2	3	3	2	3	1	N	3	3	3	3	2	1	N	N	3	3	3	3	3
	5	Nutrition refrigerator is labeled.	1	3	1	1	2	2	3	1	3	3	2	N	1	N	3	3	3	3	1	3	N	N	1	1	3	2	2
	6	Nutrition refrigerator temperature log is current.	3	1	3	3	X	X	X	X	3	3	1	N	3	N	3	3	N	X	1	3	N	N	3	3	3	3	3
	7	Food in the nutrition refrigerator labeled, dated.	1	2	1	1	X	X	X	X	2	2	2	N	1	N	3	X	N	3	1	1	N	N	1	1	3	2	1
	8	Labeled refrigerated food is current.	3	2	1	1	X	X	X	X	2	2	2	N	1	N	3	X	3	3	1	2	N	N	1	1	3	3	1
	9	Medication refrigerator is clean.	3	3	3	3	X	X	X	X	U	3	3	N	3	N	3	U	3	3	3	U	3	3	3	3	3	3	3
	10	Medication refrigerator is labeled.	3	3	1	1	X	X	X	X	U	3	3	N	3	N	3	U	3	3	1	1	1	1	1	1	3	3	2
	11	Medication refrigerator temperature log is current.	1	3	1	3	X	X	X	X	U	3	1	N	3	N	3	U	3	3	3	1	U	1	3	3	3	3	3
C4 - Nursing Station	1	Nursing station counter-top is clean.	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	2	Hand washing poster is displayed	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	X	3	3	3	3	
	3	Soap dispenser is filled.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	4	Soap dispenser is in good working order.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	5	Soap dispenser is clean.	3	3	3	3	3	1	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	6	Paper towel dispenser is filled.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	7	Hand sanitizer is available.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1	3	3	3	3	3	3	3	3	2	

Description		RMB-1	RMB-2	RMB-3	RMB-4	RMB-5	RMB-6	RMB-7	RMB-8	CT 2-A	CT 2-B	CT 2-C	CT 7-A	CT 7-C	CT 8-A	CT 8-B	CT 8-C	CT 8-D	JHP-2	JHP-3	JHP-4	JHP-6	JHP-7	JHP-8	JHP-9	JHP-10	JHP-11	JHP-12
	8 Biohazard (Red Bag) containers are available.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	N	N	3	1	3	3	3	3	3	3	3	3
	9 Red bags are used only for inf. waste disposal.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	N	N	3	3	3	3	3	3	3	3	3	3
C5 – Linen Rm	1 Linen and towel supplies reported sufficient.	3	3	3	3	1	X	1	1	3	3	3	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
	2 Linens and towels are reported to be clean.	3	3	3	3	3	3	3	3	3	3	3	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
	3 Linens and towels reported in good condition.	3	3	3	3	3	3	3	3	3	3	3	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
	4 Linens are stored on shelves in a locked room.	3	3	3	3	3	3	3	3	3	3	3	N	N	N	N	N	N	3	3	3	3	3	1	3	3	3	3
C6 – Storage	1 All supplies are stored off the floor.	2	3	3	3	3	1	3	2	2	3	N	N	3	2	2	3	3	3	1	1	3	1	1	2	3	3	1
	2 Secondary containers are properly labeled.	X	2	3	3	3	N	3	N	2	3	N	2	3	U	3	3	3	3	1	N	3	3	1	3	3	3	1
	3 All supplies are stored below the height marker.	3	3	3	3	3	1	3	3	3	3	N	3	2	3	2	3	3	3	3	1	U	U	3	3	3	3	1
C7 - Laundry	1 Laundry Room is clean.	3	N	3	N	3	N	3	N	2	3	2	N	N	N	N	N	N	3	3	3	3	3	3	2	3	3	2
	2 Trash can is available.	3	N	3	N	3	N	3	N	3	3	3	N	N	N	N	N	N	3	3	3	X	3	3	2	3	3	3
	3 Hand washing poster is displayed.	1	N	3	N	3	N	1	N	X	N	N	N	N	N	N	N	N	2	3	1	2	U	1	2	3	1	2
	4 Hand soap dispenser is filled.	3	N	3	N	3	N	3	N	X	N	N	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
	5 Hand soap dispenser works properly.	3	N	3	N	3	N	3	N	X	N	N	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
	6 Paper towel dispenser is filled.	3	N	3	N	3	N	3	N	X	N	N	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3	3
C8 - Tx Rm	1 Oxygen tank signage is current.	3	3	3	3	3	1	3	1	3	3	3	U	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	2 Soap dispensers are filled.	3	3	3	3	3	3	3	3	3	3	2	U	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	3 Paper towel dispenser is filled.	3	3	3	3	3	3	3	3	3	3	3	U	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	4 PPE supplies are available.	2	3	2	3	3	3	3	3	3	3	3	U	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	5 Red-bags are available for used PPE.	1	3	X	3	3	3	3	3	3	3	1	U	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
C9	1 Dorm labeled with pt's first name & last initial only.	3	3	3	3	1	1	1	1	2	2	U	N	N	N	N	N	N	N	X	3	3	1	3	3	3	3	2
	2 The dormitory is free of odors (body, smoke, etc.)	3	3	3	2	3	3	3	3	2	2	U	N	N	N	N	N	N	N	3	3	3	3	3	3	3	3	3

Description			RMB-1	RMB-2	RMB-3	RMB-4	RMB-5	RMB-6	RMB-7	RMB-8	CT 2-A	CT 2-B	CT 2-C	CT 7-A	CT 7-C	CT 8-A	CT 8-B	CT 8-C	CT 8-D	JHP-2	JHP-3	JHP-4	JHP-6	JHP-7	JHP-8	JHP-9	JHP-10	JHP-11	JHP-12
C9- Dormitory Areas	3	Plastic personal urinals, if visible, are empty.	3	3	3	3	N	N	3	N	N	N	U	N	N	N	N	N	N	N	N	X	N	X	U	3	3	U	3
	4	Mattresses have bed sheets, pillows, and blankets.	3	3	2	3	1	1	3	2	2	U	U	N	N	N	N	N	N	N	3	3	3	3	1	1	3	3	2
	5	Hampers are available for soiled patient clothing.	3	3	1	3	1	1	1	1	2	3	U	N	N	N	N	N	N	N	2	3	3	3	U	1	3	U	2
	6	Area is free of loose or stored food.	3	3	3	3	2	3	3	3	3	3	U	N	N	N	N	N	N	N	3	3	3	3	1	1	3	3	2
	7	Area is free of trash, clutter, insects, and rodents.	3	3	3	3	3	2	3	3	2	3	U	N	N	N	N	N	N	N	3	3	3	3	U	2	3	U	2
C10 - Inf Waste & Sharps Dispo	1	Red bag trash cans are located at point of use.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	U	3	3	3	3	3	3	3	3	3	3	3
	2	Red bags are used ONLY for infectious waste.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	U	3	3	3	3	3	3	3	3	3	3	3
	3	Red bag trash awaiting pick up is properly stored.	3	3	3	3	N	U	N	3	U	N	U	3	X	N	3	U	N	X	3	N	3	3	U	U	3	U	3
	4	Biohazard labels affixed to trash cans.	1	3	3	1	3	3	3	3	3	1	3	3	3	N	3	U	3	3	3	3	3	3	3	3	3	3	3
	5	Sharps safety containers are in use.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	U	3	3	3	3	3	3	3	3	3	3	3
	6	Sharps containers are less than 2/3 full.	3	3	3	3	3	3	3	3	1	1	3	3	3	N	3	U	3	3	1	3	3	3	3	3	3	3	3
	7	Sharps container is tightly capped.	3	3	3	3	1	3	2	2	2	3	3	3	3	N	3	U	3	3	1	3	3	3	1	2	3	1	3
	8	Sharps container is located locked Med Rm.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	U	3	3	3	3	3	3	U	3	3	3	
C11 - Manuals & Info	1	SEH Policy and Procedures Manual	3	3	3	3	3	3	3	3	3	3	3	1	N	N	3	N	3	3	3	3	3	3	1	3	3	3	
	2	SEH Infection Control Manual (N/A)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	3	Infection Control bulletin board.	3	3	1	3	1	3	1	2	3	2	2	1	1	1	1	1	1	3	3	3	X	3	1	U	3	3	3
	4	Nursing Reference Manual	3	3	3	3	3	3	3	3	3	3	3	3	1	1	1	2	3	3	3	3	3	3	3	3	3	3	3
	5	Material Safety Data Sheet binder.	1	1	3	3	3	1	1	1	1	1	1	1	1	1	1	2	1	3	3	3	3	X	3	3	3	3	3
	6	Fire Evacuation Plan binder.	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
C12	1	All staff wear identification badge.	1	2	3	3	3	2	1	2	2	3	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	

Description			RMB-1	RMB-2	RMB-3	RMB-4	RMB-5	RMB-6	RMB-7	RMB-8	CT 2-A	CT 2-B	CT 2-C	CT 7-A	CT 7-C	CT 8-A	CT 8-B	CT 8-C	CT 8-D	JHP-2	JHP-3	JHP-4	JHP-6	JHP-7	JHP-8	JHP-9	JHP-10	JHP-11	JHP-12
	2	Fire exit locks are operable.	3	3	3	3	3	U	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	3	Corridors are unobstructed.	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	Electric equipment is free of extension cords.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	X	X	3	3	3	3	3	3	3
	5	Electric panels, fire response equip. unobstructed.	3	X	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	6	Areas are free of trip hazards.	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	7	A fire evacuation map is posted on the unit.	3	3	3	3	3	3	1	2	3	3	3	3	3	3	3	X	3	3	3	3	1	3	3	3	3	3	3
C13-Therapeutic Milieu	1	Unit temperature appropriate for weather.	1	2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
	2	Hand-sanitizer is available.	3	3	1	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3
	3	Patient-use water coolers are clean.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	Water cups are available for patient use.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	U	3	3	3
	5	All clocks display the same, correct time.	3	3	3	3	3	3	3	3	2	2	3	2	2	2	1	1	3	3	1	1	3	3	3	3	3	2	3
	6	All calendars show the correct month, date.	3	3	3	3	2	X	N	3	2	3	N	3	U	3	3	3	3	3	3	3	3	3	3	3	3	3	3
C14M - Baths [MI]	1	Bathroom is free of odor.	3	3	3	3	3	3	3	3	2	3	3	2	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3
	2	Bathroom fixtures are clean.	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	2	N	3	3	3	3	3	3
	3	Bathroom soap dispensers are filled.	3	3	3	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3
	4	Bathroom soap dispensers work properly	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	U	3	3	3
	5	Bathroom is stocked with clean toilet tissue.	3	3	3	1	1	3	3	3	3	3	3	3	1	3	3	3	3	3	3	3	3	N	3	3	1	3	3
	6	Bathroom is stocked with clean paper towels.	X	3	3	1	1	3	3	3	3	3	3	3	1	1	3	3	3	3	3	3	N	3	3	2	3	3	3
	7	Shower stall and curtain are clean.	N	X	N	N	N	3	3	N	2	3	3	3	N	3	3	3	3	3	3	3	N	3	1	2	3	3	3

Description			RMB-1	RMB-2	RMB-3	RMB-4	RMB-5	RMB-6	RMB-7	RMB-8	CT 2-A	CT 2-B	CT 2-C	CT 7-A	CT 7-C	CT 8-A	CT 8-B	CT 8-C	CT 8-D	JHP-2	JHP-3	JHP-4	JHP-6	JHP-7	JHP-8	JHP-9	JHP-10	JHP-11	JHP-12
C14F - Baths [F]	1	Bathroom is free of odor.	3	2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	X	X	X	3	N	N	N	N	N	N
	2	Bathroom fixtures are clean.	3	3	3	3	3	3	3	3	3	2	2	3	1	3	3	3	3	X	X	X	3	N	N	N	N	N	N
	3	Bathroom soap dispensers are filled.	3	1	3	1	3	2	3	3	3	3	3	3	1	3	3	3	3	X	X	X	3	N	N	N	N	N	N
	4	Bathroom soap dispensers work properly.	3	1	3	1	3	3	3	3	3	3	3	3	3	3	3	3	3	X	X	X	3	N	N	N	N	N	N
	5	Bathroom is stocked with clean toilet tissue.	3	3	3	3	1	3	3	3	3	3	3	3	1	3	3	3	3	X	X	X	3	N	N	N	N	N	N
	6	Bathroom is stocked with clean paper towels.	3	3	3	3	1	3	3	3	3	3	3	3	1	1	3	3	3	X	X	X	1	N	N	N	N	N	N
	7	Shower stall and curtain are clean.	N	X	N	N	N	3	3	N	2	3	3	N	N	3	3	3	3	X	X	X	3	N	N	N	N	N	N
C15-Staff Demo	1	Emergency Drug Box	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	Automatic External Defibrillator	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	3	Suction Machine	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	N	3	3	3	3	3	3	3
	4	Oxygen tank.	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3
	5	Vital Sign Monitor (IVAC)	3	3	3	3	3	3	3	3	3	3	3	3	3	N	3	3	3	3	3	3	3	3	3	3	3	3	3

